

PERSONNEL TRANSACTION RECORD

OYEE: LEYBA, Rubel

DATE: 04/19/08

SS#:

**NEW MEXICO CORRECTIONS DEPARTMENT
CENTRAL ADMINISTRATION
CHECK OUT FORM**

Date: 3/17/14

Name: Rubel Lapa

Effective date of Separation: 3/14/14 Division: DNM

It is essential that clearance be obtained from the officials listed below and in order as listed, to indicate that all state property has been returned. Items which are not returned will be noted.

1. Roster Management

Sig

2. Warehouse
(Uniformed Employees only)

Sig

3. Training

Sig

4. ERT Commander
(if ERT Member)

N/A

Was all issued equipment returned?

Yes No

5. Business Manager

Sig

No ID Badge

6. Armory

Sig

7. Payroll Department

Sig

Employee informed of their option
for COBRA and life conversion?

Yes ✓ No

PERA termination form completed?

Yes ✓ No

Termination of Benefits Date:

3/14/14

8. Human Resources

Sig

Exit Survey completed?

Yes No

ID Card returned?

Yes No

Resignation/Transfer letter submitted?

Yes ✓ No

-will Return

Forwarding Phone # and Address:

Phone #

REMARKS:

NEW MEXICO
CORRECTIONS DEPARTMENT
Exit Survey Questionnaire

Please answer the following questions as honestly as possible. Your responses will be used to help detect problems within the organizational structure of the New Mexico Corrections Department, and to arrive at solutions to these problems.

Job Title: Corrections Officer Supervisory () Non-Supervisory (x)
Facility/Division: Level II - PNM

1. Dates of Employment with the Corrections Department? 4/19/08 to 3/14/14
2. How long have you been in your present position? 5 years 11 months
3. Were your job duties clearly explained to you at the time you were hired?
 Yes [] No Comments: _____
4. What is your reason for leaving? Better Pay

CONTRIBUTING FACTORS TO SEPARATION:

(If more than one, rank 1, 2, 3, etc., a rank of 1 being the main reason).

CAREER MOVEMENT

- Within Corrections Department
- To Other State Agency
- Out of State Government
- Other Correctional Organization
- Retirement
- Military Service
- Self-Employment
- Better Job Opportunity
- Return to School

OTHER CONSIDERATIONS

- Illness or Physical Condition
- Moving from Area
- Family Problems
- Child Care Problems
- Housing Accommodations
- Commuting Distance

WORK/WORK ENVIRONMENT

- Job Stress
- Type of Work No Longer Desirable
- Too Much Overtime Required Facility/Unit
- Shift Work Undesirable
- Threats from Inmates/Clients
(Verbal or Implied)
- Salary
- Fringe Benefits (i.e. Leave, etc.)
- Lack of Advancement Opportunities
- Lack of Support from Supervisor

SUPERVISION/ADMINISTRATION

- Philosophical Differences
- Disagree with Operation of
- Have Not Been Treated Fairly
- Lack of Policies/Procedures
- Lack of Training
- Poor Supervision

NEW MEXICO
CORRECTIONS DEPARTMENT
Exit Survey Questionnaire
(Continued)

5. How do you feel about the following areas, if applicable to you?

	Excellent	Good	Fair	Poor	Does Not Apply
A. Salary for Your Job				✓	
B. Holidays/Leave	✓				
C. Equipment or Uniforms Provided	✓				
D. Work Hours	✓		✓		
E. Promotional/Transfer Opportunities	—		✓		
F. Performance Evaluation System	—		✓		
G. On-the-Job Training	—		✓		
H. Professional/Technical Training	✓				
I. Cooperation from Fellow Workers	✓				
J. Cooperation from Departmental Staff	✓				
K. Cooperation from Other Agencies	✓		✓		
L. Morale in Your Facility/ Work Unit/Area Office	—	✓			

6. How would you rate your supervisor in the following areas?

	Almost Always	Usually	Sometimes	Never
A. Evaluated Your Performance	—	✓		
B. Demonstrated Fair/Equitable Treatment	—	✓		
C. Encouraged Feedback, Welcomed Suggestions	—	✓		
D. Communicated Well with You	—	✓		
E. Resolved Complaints/Grievances/Problems	—	✓		
F. Provided Recognition for Good Work	—	✓		

7. What type of training did you receive from the Corrections Academy? (If not applicable, GO TO Question 8)

Check all that apply:

Basic Correctional Officer Course Top Management Training
 Sergeant Course (Warden/Major)
 Mid-Level Supervisor (Lt/Capt) Special Training:
 Drug Awareness PPO
 Other: _____ Classification Officer

NEW MEXICO
CORRECTIONS DEPARTMENT
Exit Survey Questionnaire
(Continued)

A. Which statement most accurately describes the training you received:

I feel I received an adequate amount of training
 I feel I needed more training in (list area): _____
 I feel I needed less training in (list area): _____

B. Overall, how would you rate the training you received from the Corrections Academy? (circle one): Excellent Good Fair Poor

8. What types of in-service training did you receive? (check all that apply)

Basic Orientation Course Others (please specify) _____
 Weapons _____
 Special Management/Supervisory Training _____
 First Aid/CPR _____
 Use of Force _____
 Report Writing _____

A. Which statement most accurately describes the training you received:

I feel I received an adequate amount of training
 I feel I needed more training in (list area): _____
 I feel I needed less training in (list area): _____

B. Overall, how would you rate the in-service training you received? (circle one)

Excellent Good Fair Poor

9. Please indicate your feelings toward future employment with this Department:

I would return and would recommend it to my friends.
 I would consider returning under certain conditions.
Please specify: _____
 I probably would not seek reemployment with the Department.
 I definitely would not return or recommend it to others.

NEW MEXICO
CORRECTIONS DEPARTMENT
Exit Survey Questionnaire
(Continued)

10. General Comments: N/A

Unless authorized by your signature below, your answers are strictly confidential. The answers you give will be grouped with the answers of other employees, and no individual person will be identified in any report. Unless otherwise authorized below, no one is authorized to see this form except the Secretary of the Corrections Department or a designee, and the Human Resources Bureau.

PLEASE READ THE STATEMENT ABOVE BEFORE SIGNING

I authorize the release of this form for review by management at the division office, institution, facility, or area office to which I was assigned.



Incumbent's Signature

3/17/14
Date

JOB DESCRIPTION

JOB TITLE: Correctional Officer I

DEPARTMENT: Corrections Department

REPORTS TO: Correctional Officer II

WAGE: Range 50

WORK HOURS: Shift Hours:

<u>PNM</u>		<u>CNMCF/SNMCF/WNMCF/RCC</u>		
Graveyard 6pm-6am	Day 6am-6pm	Graveyard 10pm-6am	Day 6am-2pm	Swing 2pm-10pm

MINIMUM QUALIFICATIONS:

- Be a citizen of the United States
- Have reached the age of majority (18)
- Be of good moral character and not have been convicted of a felony
- High school graduate or equivalent, plus completion of the New Mexico Corrections Academy Basic Course or equivalent
- Ability to follow rules, regulations, directions, and procedures
- Some knowledge of correctional operations
- Ability to perform essential duties as outlined below
- Ability to perform work within the physical demand requirements as outlined below
- Possess a valid New Mexico drivers license or ability to obtain one

WORK ENVIRONMENT:

Varies according to post assignment. Floor surface may vary. Exposure to extreme weather conditions, gases, physical injuries.

WORK PACE:

Moderate to fast depending on emergency conditions.

ESSENTIAL DUTIES:

1. Ability to be rotated to any post as part of normal post assignments and also to relieve other officers.
2. Physical ability to control inmates by force, when necessary, to defend oneself and others against physical attack by inmates.
3. Ability to withstand prolonged hours of work.
4. Ability to stoop and squat.
5. Ability to pass a physical agility test.
6. Ability to communicate effectively in the English language, both orally and in writing.
7. Ability to read, write, and comprehend information in the English language.
8. Ability to drive various vehicles.
9. Ability to perform basic mathematical computations.
10. Ability to think logically and effectively analyze situations and use good judgment.
11. Ability to understand instructions and follow orders.
12. Ability to search for contraband and provide security.
13. Ability to count, feed, and supervise inmates in housing, work, and other areas accessed by stairs.
14. Ability to provide custody and security of inmates including observing actions of inmates; squatting and bending to perform "pat" and/or "strip" search of inmates; restraining and securing sometimes assaultive inmates; and transferring and transporting inmates by walking or riding in various vehicles such as trailers, vans, buses, and other forms of transportation.
15. Ability to provide security of various assigned areas involving long periods of sitting and standing, and/or climbing stairs or ladders to reach the assigned areas.
16. Ability to provide security for inmates performing technical skills such as construction, maintenance, laundry, food service, and in varied industrial and agricultural operations which involve climbing stairs and ladders; climbing around the inside or outside of buildings.

17. Ability to withstand long periods of standing and sitting; all types of weather; working outdoors and indoors without air conditioning; and working around motorized or moving equipment and machinery.
18. Ability to respond quickly to emergencies; including climbing stairs and ladders while searching for escaped inmates; hearing calls for and/or calling for help; giving first aid at the emergency site; carrying an injured or unconscious person various distances to safety, up or down stairs and ladders; using force and/or deadly force, including the use of chemical agents and firearms, to control inmates.
19. Ability to read, review, and properly apply information found in inmate record which is related to the inmate's health and safety and to the security of the prison; provide appropriate information to other personnel.
20. Ability to comply with all policies, procedures, rules, regulations, and post orders.
21. Ability to prepare and maintain records, forms, and reports.
22. Ability to work under potentially dangerous circumstances in correctional facility.
23. Ability to attend work regularly.
24. Ability to work odd hours, holidays, and weekends.

EQUIPMENT:

Hand held radios, telephone, building and vehicle keys, restraint equipment, weapons, typewriter, vehicle, copy machine, fax machine, binoculars, first aid equipment, basic office equipment, tape recorder, switchboard, PC/terminal.

PHYSICAL DEMANDS:

Sitting: Varies according to post assignment.
Standing: Varies according to post assignment.
Walking: Varies according to post assignment.

FREQUENCY:

Never = 0%	Rarely = 1 - 10%
Occasionally = 11 - 33%	Frequently = 34 - 66%
Continuously = 67%	

LIFTING:

<u>WEIGHT</u>	<u>FREQUENCY</u>	<u>OBJECTS</u>
1 - 10 lbs.	67%	Radio/Keys/Equipment
11 - 20 lbs.	34 - 66%	Boxes
21 - 35 lbs.	11 - 33%	Boxes
36 - 50 lbs.	1 - 10%	Boxes
51 - 75 lbs.	1 - 10%	Boxes
76 - 100 lbs.	1 - 10%	Boxes
101 + lbs.	1 - 10%	Human Body

Carrying: Varies according to post assignment, (*i.e., carry or drag a body in case of injury*).

Driving: Varies according to post assignment.

Bending: Varies according to post assignment.

Squatting: Varies according to post assignment.

Kneeling: Varies according to post assignment.

Crawling: Varies according to post assignment.

Climbing: Varies according to post assignment.

Reaching: Varies according to post assignment.

Grasping: Varies according to post assignment.

Fine Manipulation: Varies according to post assignment.

Vision: Binocular correctable to 20/40.

Hearing: Acute hearing required.

Pushing: Varies according to post assignment.

Pulling: Varies according to post assignment.

Running: Varies according to post assignment.

APPLICATION DECLARATION: I have read the qualifications and requirements for the position of CO Rubel E. Leyba. To the best of my knowledge, I believe that I can perform these duties.

Name:

Date: 4-8-08

PENITENTIARY OF NEW MEXICO

EXP. DATE 06/16/13 CONTROL NO. 310458 D.O.B. 1978



SEX

EYES Brown

HEIGHT 5'9



Name: LE

Date

5-6-09

4-15-10

4-4-12

NAME
Rubel E Leyba
TITLE
Correctional Officer
HIRE DATE
4/19/08

EMP. SIGNATURE
Rubel Leyba
APPROVED BY WARDEN
George Tapia

54

nts

**State of New Mexico
Corrections Department**

Central Office Administration
4337 State Road 14, Santa Fe, NM 87508
PO Box 27116, Santa Fe, NM 87502-0116
www.corrections.state.nm.us
Phone: 505.827.8600 - Fax: 505.827.8220

Gregg Marcantel
Secretary 505.827.8884

Aurora B. Sánchez
Deputy Secretary of Administration
505.827.8631

Joe W. Booker, Jr.
Deputy Secretary of Operations
505.827.8667



Susana Martinez
Governor

"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."

Administrative Services 505.827.8601
Adult Prisons 505.827.8757
Corrections Industries 505.827.8906
General Counsel 505.827.8698
Information Technology 505.827.8713
Probation & Parole 505.827.8830
Office of Recidivism Reduction 505.827.8541
Training Academy 505.827.8900

03.14.2014

To: German Franco, Warden
Fr: Rubel Leyba, c/o

This letter is to inform you that I Correctional Officer Rubel Leyba, is resigning my duties with the New Mexico Corrections Department. Effective March 14, 2014.

APPROV
Dahr
3-14-14

Thank You.
Rubel Leyba



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 476-9401 fax (505) 476-9300 voice (800) 342-3422 toll free in NM www.pera.state.nm.us**PERA TERMINATION NOTICE**

Instructions: Please print or type in dark ink. This original form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

Employer's Certification of Termination

PERA EMPLOYER NAME NMCD/ PNM	PERA EMPLOYER NUMBER	
MEMBER'S SOCIAL SECURITY NUMBER or PERA ID NUMBER		
FIRST NAME Rubel	MI E	LAST NAME Leyba
This is to certify that the above-named member terminated employment on <u>3/14</u> , 2014; that the member will not be re-employed within 30 days of termination; and that this is a bona fide termination (there is no intention of re-employing the member at this time).		
Authorized Employer's Signature <u>R M Jawater</u>		Title H.R. Administrator
Date <u>3/17/14</u> Telephone No. <u>505-827-8237</u>		

Member's Notice of Intent

Upon termination of employment, you may apply for a withdrawal of your accumulated member contributions or allow your contributions and service credit to remain in your PERA account. If you apply for a withdrawal, employer contributions made on your behalf are retained by PERA. If you withdraw your member contributions, you will forfeit the associated service credit. You must provide all divorce decrees and applicable marital property settlements prior to refund or rollover of your contributions. An employee cannot withdraw his or her contributions if he or she will be employed by an affiliated employer within 30 days after the termination date. (2.80.2100.8(B) NMAC.) **Please check one of the following options:**

- 1. **Direct Refund** - Demand is hereby made for a refund of the full amount credited to my account due to termination of employment. **Direct Deposit** - YES NO If YES, complete authorization for direct deposit form for refunds.
- 2. **Direct Partial Rollover** - Please transfer this portion, \$ _____, of my tax-deferred contributions* in my PERA account to an agent or custodian of an IRA, a ROTH IRA or another qualified retirement plan. Remainder of funds will be directly refunded.
- 3. **Direct Rollover** - Please transfer the tax-deferred balance* in my PERA account to an agent or custodian of an IRA, a ROTH IRA or another qualified retirement plan.

A rollover into a savings account is not allowed by the IRS. The following must be completed if either 2 or 3 above was selected:

Name of Financial Institution with your IRA or qualified retirement plan _____

Address _____ Contact person _____

street _____ city _____ state _____ zip _____

Plan federal tax ID number _____ retirement plan account number _____

- 4. **Remain on Account** - I wish to allow my contributions and service credit to remain with PERA to my credit until further notice.

*Contributions that were not tax-deferred will be refunded to the member regardless of the option chosen above.

Member Certification

I hereby certify and affirm under penalty of law that the information I have provided in this termination notice is true and correct. I understand it is my responsibility to notify PERA of any address changes.

Member's Signature Rubel E. Leyba - Omer J. L. **Date** 3/19/2014

Mailing Address _____

E
city _____

state _____

zip _____

Telephone _____

Marital Status: M S D

If married, a **NOTARIZED** spousal signature is required before PERA can process a refund or rollover.

Signature of Member's Spouse _____ **Date** _____

Spouse's Signature in Presence of Notary

State of New Mexico _____

)
ss.
)

County of _____

Signed and sworn to (or affirmed) before me by _____ on this _____ day of _____

Name of Spouse _____

My commission expires: _____

Notary Public Signature

Notary Public Telephone Number _____

PROCESS TAKES UP TO 60 BUSINESS DAYS

October 2012



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 476-9300 voice or 1-800-342-3422 Toll-Free

www.pera.state.nm.us

PERA DIRECT DEPOSIT AUTHORIZATION FORM FOR REFUNDS

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required Fields are in **BOLD ITALICS**. Additional instructions are on the back page.

SOCIAL SECURITY NUMBER or PERA ID NUMBER

Rubel E. Leyba

Middle Initial

E.

Last

Leyba

City

E

State

or CELLULAR NUMBER

FINANCIAL INSTITUTION NAME

Check One

Savings

Checking

(*Account Number*)
digits)

I hereby authorize Public Employees Retirement Association of New Mexico (PERA) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method to my account indicated below. This authorizes the financial institution holding the Account to post all such entries.

Further, I agree not to hold PERA responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until PERA receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form. It is my responsibility to complete this form in its entirety. Any incomplete, unreadable or incorrect information will result in a manual check being issued instead of a direct deposit.

PRINTED NAME Rubel E. Leyba

DATE 3/17/14

SIGNATURE OF MEMBER

Please attach a voided check here

Important: This document must be signed by the member requesting an automatic deposit of a refund. Member must attach a voided check for verification of financial institution account and routing numbers. To receive your refund through direct deposit, you MUST submit this form and the original PERA Termination Notice Form to PERA TOGETHER.

STATE OF NEW MEXICO

Corrections Department

Bill Richardson, Governor

Joe R. Williams, Secretary of Corrections

George Tapia, Warden



**PENITENTIARY
OF NEW MEXICO**
Post Office Box 1059
Santa Fe, NM 87504
Phone: (505) 827-8200
Fax: (505) 827-8234

June 13, 2008

Mr. Rubel Leyba
Penitentiary of New Mexico
PO Box 1059
Santa Fe, New Mexico 87504

Dear Mr. Leyba:

Congratulations! You have completed the required training with the Corrections Academy and as a result, you will be promoted to the position of Correctional Officer effective June 14, 2008.

Your promotion will entail many additional responsibilities, which will require your continued professionalism and dedication to your job. I am confident that you will continue to bring credit upon yourself, the Penitentiary of New Mexico and the Corrections Department as a whole.

I extend to you, again, my sincere congratulations and best wishes for your continued happiness and future success.

Sincerely,

A handwritten signature in black ink, appearing to read "George Tapia".

George Tapia, Warden
Penitentiary of New Mexico

GT:db

xc: File

PERSONAL DATA UPDATE FORM

Please return to your Agency's Human Resource Office by September 17, 2008!

Effective Date of Change: 09-24-08

Entered By: MG

Date: 9/24/08

Employee Information

Name: Pbel Leyba

Address: _____

Count _____

Home Phone: _____

Work Phone: _____

Voluntary Information

Gender:

Retired State Employee

Marital Status:

Divorced
 Separated

Check one):

Asian

Black/African American
 Native American/American Indian
 Other _____

Caucasian/White
 Hawaiian

Disability (Check if appropriate):

Disabled

Decline to Identify/Not Specified

Military Status (Check if appropriate):

Active Reserve
 Retired Military
 Special Disabled Vietnam Veteran

Inactive Reserve
 Vietnam Era Veteran
 Special Disabled Veteran

No Military Service
 Other Protected Veteran
 Other _____

Highest Education Level: (Check one below)

Less than a High School Graduate
 Technical School/Trade Certificate
 Some Graduate School
 Doctorate (Professional)

High School Graduate/GED or Equivalent
 2 Year College/Associate's Degree
 Master's Level Degree
 Post Doctorate

Some College
 Bachelor's Level Degree
 Doctorate (Academic)
 Other _____

Total Years of Education 12

Emergency Contact Information

Name: _____

Home Phone: 1-800-123-1234 Work Phone: 1-800-123-1234 Cell Phone: 1-800-123-1234


Employee Signature:

9/12/08

Date:

(Form Revised: 09/08/08)

NEW MEXICO CORRECTION DEPARTMENT



STAFF INFORMATION SHEET

Following are policies of the Corrections Department relative to staff for employment.

1. Any relative of an employee of the Department may be employed in a position for which he/she qualifies if the selection does not result in either the staff or his/her relative becoming the supervisor of the other.
2. Any relative of a current Corrections client may be employed in any position for which he/she qualified, provided that the selection does not result in the candidate becoming responsible for the direct supervision of that relative.
3. The Corrections Department encourages employment (except as Correctional Officer) of ex-offenders who are no longer under the authority of any correctional jurisdiction provided that there is no conflict between the nature of any felony committed and potential job duties.

These policies require that the Department be furnished with the following information as part of staff records process:

Name: Leyla Robel E JOB TITLE: C-O
(print) Last Name First Name Middle Name

Name, relationship, position title and work site of any relative (spouse, parents, step-parents, children, step-children, brothers, sisters, grandparents, grandchildren, uncles, aunts, nephews, nieces, and great-grandparents) currently employed by the Corrections Department: (Indicate "NONE" if appropriate.)

NAME	RELATIONSHIP	JOB TITLE	LOCATION
<u>N/A</u>			

Name, relationship, status (inmate, parolee or probationer) and location of any relative who is currently a correctional client: (Indicate "NONE" if appropriate.)

NAME	RELATIONSHIP	STATUS	LOCATION
<u>N/A</u>			

Have you ever been convicted of a felony? NO ("yes" or "no")

If "yes", nature of felony: _____

Date of Conviction: _____ Sentence Imposed: _____

Date released from Custody, Parole or Probation: _____

Signature: Robel Robel Date: 4-18-11

One-Page Application Form

New Mexico State Personnel Office
2600 Cerrillos Road
P.O. Box 26127
Santa Fe, NM 87505-0127

Social Security Number:	NAME: Last <u>Levha</u> First <u>Rubel</u> Initial <u>E.</u>		
Employer's Name: <u>Espanola Detention Center</u>		Kind of Business: <u>Corrections - Transports</u>	From (Mo.-Yr.) <u>2 1 05</u> To (Mo.-Yr.) <u>2 1 08</u>
Employer's City <u>Espanola</u> State <u>N.M</u>			
Your job title: <u>Detention Officer</u>		Hours worked per week: <u>40</u>	
<u>Brief Description of Job Duties:</u> Booking IN and releasing inmates, Fingerprinting, Video, Pat Searches on inmates. Transport inmates to and from Court, or to assigned facilities.			
Employer's Name: <u>Fed Ex Ground</u>		Kind of Business: <u>Mail, Delivery</u>	From (Mo.-Yr.) <u>10 102</u> To (Mo.-Yr.) <u>4 1 03</u>
Employer's City <u>Santa Fe, N.M</u> State			
Your job title: <u>Driver</u>		Hours worked per week: <u>40</u>	
<u>Brief Description of Job Duties:</u> Load and unload Box Truck. Deliver mail to residence or Businesses			
Employer's Name: <u>Cities of Gold Casino</u>		Kind of Business: <u>CASINO</u>	From (Mo.-Yr.) <u>7 1 01</u> To (Mo.-Yr.) <u>10 1 02</u>
Employer's City <u>Santa Fe</u> State <u>N.M</u>			
Your job title: <u>Security Officer</u>		Hours worked per week: <u>40</u>	
<u>Brief Description of Job Duties:</u> Patrol CASINO grounds and properties. Make sure CASINO grounds are secure. Escort employees threw out CASINO grounds, Radio control. All customers are safe.			
Employer's Name: <u>Cornell Corrections</u>		Kind of Business: <u>Corrections</u>	From (Mo.-Yr.) <u>3 1 98</u> To (Mo.-Yr.) <u>7 1 01</u>
Employer's City <u>Santa Fe</u> State <u>N.M</u>			
Your job title: <u>Corrections Officer</u>		Hours worked per week: <u>40</u>	
<u>Brief Description of Job Duties:</u> Over See all inmates, make sure all are secure, Monitor and visual inmates. Booking process, Release process, Radio control and traffic			
In accordance with NMSA § 10-9-22, I understand through my submission of any State of New Mexico application form that I am certifying that my application contains no willful falsification and should any investigation disclose such, I will be subject to penalties as outlined in NMSA § 10-9-23. <u>SIGNATURE and/or Personal e-mail address</u> <u>Robb J. Levha</u> DATE: <u>4-8-08</u>			

The State of New Mexico is an Equal Opportunity Employer and values diversity at all levels of its workforce.

PERSONAL DATA FORM

Employee Name: Rubel E. Leyba Effective Date: 4-19-08

Social Sec.

Action:
New: Change:

Agency ID: 770

Agency Name/Location: PNM

New Name (if applicable): _____

Current Address: _____

Voluntary Information: The information requested below is voluntary, but is needed to assure compliance with analysis and reporting requirements of Federal Equal Opportunity laws. Your cooperation is appreciated.

Sex:

Date of Birth: 28

Ethnicity (Check one):

Handicap (Check if appropriate): (A) Ambulatory (C) Coordination (H) Hearing (L) Learning
 (M) Mental/Psychological (P) Speech (S) Sight (O) Other (X) Decline

Military Status (Check if appropriate): (A) Active Reserve (I) Inactive Reserve (R) Retired
 (V) Vietnam Era Veteran (S) Special Disabled Vietnam Veteran
 (D) Special Disabled Veteran (O) Other

Education Level: (Check one below)

(01) No Academic Credentials (02) High School Diploma/GED (03) Trade Certificate
 (04) Some College (05) Associate's Degree
 (06) Bachelor's Degree
 (07) Master's Degree (08) Professional Degree (09) Other Doctorate (10) PhD.

Total Years of Education 12

Referral Source: (Check one below)

(A) Public Employment Agency (B) Private Employment Agency (C) Media Ad
 (D) Personal Reference (E) Special Recruitment (F) Walk-In (G) Other

Citizenship Information: (Complete if not a U.S. Citizen-check one)

(IM) Immigrant (F1) Student Visa (F2) Spouse/Child Student (H1) Tmp Worker - Merit
 (J1) Exchange Visitor (J2) Spouse/Child Exch. Visitor (H2) Tmp Worker - Unavail

Country: _____ Visa Expiration Date: _____

Signature: Rubel Leyba

Date: 4-22-08

For office use: Ent: _____ Date: _____
(Revised 05/02/00)tm

**CORRECTIONS DEPARTMENT
APPLICANT INFORMATION SHEET**

Following are policies of the Corrections Department relative to applicants for employment:

1. Any relative of an employee of the Department may be employed in a position for which he/she qualifies, if the selection does not result in either the candidate or his/her relative becoming the supervisor of the other.
2. Any relative of a current Corrections client may be employed in any position for which he/she qualified, provided that the selection does not result in the candidate's becoming responsible for the direct supervision of the relative.
3. The Corrections Department encourages employment (except as Correctional Officers) of ex-offenders who are no longer under the authority of any correctional jurisdiction provided that there is no conflict between the nature of any felony committed and potential job duties.

These policies require that the Department be furnished with the following information as a part of the application process.

NAME: Rubel Leyba POSITION APPLIED FOR: Corrections Officer

Name, relationship, position title and work site of any relative (spouse, parent, step-parent, children, step-children, brothers, sisters, grandparents, grandchildren, uncles, aunts, nephews, nieces, and great grandparents) currently employed by the Corrections Department. (Indicate "NONE", if appropriate.)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>JOB TITLE</u>	<u>LOCATION</u>
<u>NONE</u>			

Name, relationship, status (inmate, parolee or probationer) and location of any relative who is currently a Corrections client. (Indicate "NONE", if appropriate.)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>STATUS</u>	<u>LOCATION</u>
<u>NONE</u>			

Have you ever been convicted of a felony? Yes No

If "YES", Nature of Felony: _____

Date of Conviction: _____ Sentence Imposed: _____

Date Released From Custody, Parole or Probation: _____

Signature: Rubel Leyba Date: 4-22-05

ID BADGE AUTHORIZATION

Name: Leyba First Name: Rubel Middle Name: Ernest
Last Name

Date: 78 Place of Birth: Los Alamos Citizenship: USA

Sex: _____ Race: _____ Height: 5'09 Eye Color: Brown

Social Security Number: _____ Armed Forces #: N/A

Home Address: _____

Division/Unit: PNM

Employee Title: Corrections Officer I

Date of Hire: 04-19-08

Home Phone Number: _____ Cell Number: _____

List any states you have lived in within the last ten (10) years:

You will be issued an identification badge. The I.D. badge is to be worn at all times while in an institution. The I.D. badge should be worn above the waist, preferably on lapel or pocket.

Lost identification badges should be reported immediately to your supervisor and/or Personnel Officer.

Damaged identification badges or I.D. badges that have expired should be returned to the Personnel Officer for renewal (there is no cost for renewal).

Employees may be required to pay for replacement of lost Identification Badges.

ID BADGE AUTHORIZATION

Name: Leyba First Name: Rubel Middle Name: E
Last Name

Date of Birth: 1-78 Sex: M Race: S Height: 5'09

Eye Color: Brown

Home Address: _____

Division/Unit: Security

Employee Title: CO-1

Date of Hire: 4-19-08

Phone Number: _____

You will be issued an identification badge. The I.D. badge is to be worn at all times while in an institution. The I.D. badge should be worn above the waist, preferably on lapel or pocket.

Lost identification badges should be reported immediately to your supervisor and/or Personnel Officer.

Damaged identification badges or I.D. badges that have expired should be returned to the Personnel Officer for renewal (there is no cost for renewal).

Employees may be required to pay for replacement of lost Identification Badges.

**NEW MEXICO STATE PERSONNEL OFFICE
SUPPLEMENTAL APPLICATION QUESTIONNAIRE
CORRECTIONAL OFFICER/CORRECTIONAL OFFICER CADET**

You have applied for a position as a Correctional Officer/Correctional Officer Cadet with the State of New Mexico. This form must be completed and returned before your application is processed.

NAME: Rubel E. Leyba PHONE#: _____

ADDRESS: _____ SSN: _____

	Yes	No
1. Are you willing to undergo a thorough physical exam?	<input checked="" type="checkbox"/>	
2. Are you willing to participate in a thorough training program?	<input checked="" type="checkbox"/>	
3. Are you willing to wear a uniform to work?	<input checked="" type="checkbox"/>	
4. Are you willing to work with potentially dangerous individuals?	<input checked="" type="checkbox"/>	
5. Are you willing to work in confined spaces behind closed doors?	<input checked="" type="checkbox"/>	
6. Are you willing to work in an environment which may afford verbal abuse and embarrassment?	<input checked="" type="checkbox"/>	
7. Are you willing to work shifts which will vary periodically?	<input checked="" type="checkbox"/>	
8. Are you willing to work holidays, weekends, and during emergencies?	<input checked="" type="checkbox"/>	
9. Are you willing to operate firearms during training and while on tower duty?	<input checked="" type="checkbox"/>	
10. Are you willing to supervise inmates without carrying a sidearm or baton?	<input checked="" type="checkbox"/>	
11. Are you willing to work with, receive orders, from, and give orders to individuals with an ethnic background or race different from your own?	<input checked="" type="checkbox"/>	
12. Are you willing to undergo a thorough police record check (FBI, State Police, Local and/or City Police)?	<input checked="" type="checkbox"/>	

READ BEFORE SIGNING

I certify that this application contains no willful misrepresentation and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification that my application will be rejected, my name removed from consideration for employment, I will be dismissed from the service if employed, and I will be disqualified from applying for any position under the jurisdiction of the Merit System of New Mexico.

I further understand that, in accordance with the State Personnel Board approved job specification for Correctional Officer Cadet, I will be "required to complete a basic four-week Corrections course within the first nine weeks of employment" and that, in accordance with the laws of the State of New Mexico (1981) Chapter 132, Item E., I will be required to "successfully pass any physical and aptitude examination the Corrections Department may require." Failure to be certified after completion of the existing training programs will result in termination.

Applicant Signature: Rubel Leyba Date: 4-8-08

Rehire
310458

NAN *John P. Hall*
SSN. *7*
EFFECTIVE: *4/9/08*
LOCATION: *PNN*

DIRECT HIRE

- Workforce Administration
- Personal Information
- Add THE Person
- CHANGE effective date
- Add name
- Choose a Prefix
- Enter first name and last name
- Click ok
- Date of birth (09081969)
- Gender
- Highest education level, if known
- Marital status
- As of field (effective date)
- National ID/SSN (123456789)
- Contact Information
- Add address
- Enter address, city, state, zip and county
- Click ok
- Click ok
- Phone type
- Enter number (5052913456)
- Click preferred
- Email type
- Enter email address
- Click preferred
- Click regional tab
- Look up Ethnic Group
- Click Military Status
- Citizenship Proof 1 (NMDL)
- Citizenship Proof 2 (SSN Card)
- Organizational Relationships
- Click Employee option
- Add the Relationship
- **EMPLID HAS BEEN ASSIGNED (WRITE THIS DOWN)**
- HR STATUS AND PAYROLL STATUS SHOULD HAVE DEFAULTED TO ACTIVE

Benefits entered 4/6/08 M

- Maintain noted if needed. Add a new note if in use
- ACTION DEFAULTS TO HIRE
- Click reason list (REQUIRED FOR BENEFITS); choose entry
- Click Look up position number (000PERM#)
- NEVER CLICK THE OVERRIDE POSITION DATA BUTTON
- Click Job information tab
- Empl class (75K LF INS)
- Click Officer code - (REG/PERM)
- Click Payroll tab
- Click Look up pay group - make selection
- Enter NEWMEXICO into Tax Location Code field (default)?
- Click FICA Status tab (Medicare only)
- Click Salary plan and verify data
- Click Compensation tab
- Click the Look up Rate Code (NA Hourly = North America Hourly)
- Enter COMP RATE (hourly)
- Click Default Pay Component
- Click Calculate Compensation
- Click Benefits Program Participation
- Enter A, B or C in Elig Fld 1

A = \$0 - \$50,000

B = \$50,000 - \$60,000

C = \$60,000+

- Enter retirement plan (POLCOR) in Elig Fld 3.
- Click Job Date (to verify data)
- Click Employment Date (to verify data)
- Click Time Reporter Data
- Enter PAYABLE TIME START DATE (Effective date)
- Click Look up workgroup (7700OT40HRS)
- Click Look up task group button (770)
- Click Task group Description (Department) (770000001)
- Click OK
- Click Save (Note: When you SAVE, the Work Schedule needs to be assigned at the end of the day or the next day to allow the Group Refresh Process to be run.) Comp Plan will be assigned automatically.
- Benefits
- Direct Deposit
- Taxes
- Routing Code
- End of Procedure

COMPLETED BY: MJ

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name Rubel E. Leyba

Employee ID# _____

Employer Name PNM

Employer ID# 770

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

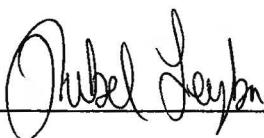
For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee



Date

4-22-08

Application for Administrative Leave for Recruitment of Correctional Officers

New Recruit Information

Name: Rubel Leyba Carolyn Serrano

Signature: Carolyn Serrano

Facility Requested: Santa Fe, PNM

Name of Person Who Referred You: Rubel Leyba

Human Resource Verification:

Name of NMCD Employee: Rubel Leyba ID# 310458

Facility/Division Assigned To: PNM

Warden/Division Director Approval: _____
Signature _____ Date _____

FOR HR ACADEMY STAFF ONLY		
<input checked="" type="checkbox"/>	Attended Academy Screening on	<u>10/18/11</u> (date) <u>14</u>
<input type="checkbox"/>	Hired in Academy Class #	_____ on _____ (date)
Verified by:		_____
HR Academy Staff		Date <u>10/27/11</u> <u>bc</u>

Guidelines:

- Upon appearance of a new recruit for initial screening, four (4) hours of administrative leave shall be granted to the recruiter.
- Upon hire into the Corrections Academy, eight (8) hours of administrative leave shall be granted to the recruiter.
- A copy of this form, verified by academy staff, shall be submitted to the appropriate Warden/ Region Manager/Division Director for approval and a copy provided to payroll and the recruiter. Administrative leave granted shall be placed "on the books". There is no deadline in which an employee must utilize the leave, although all attempts should be made to do so within one (1) year. However, upon separation, administrative leave shall not be paid out.

STATE OF NEW MEXICO
Corrections Department
PENITENTIARY OF NEW MEXICO

BILL RICHARDSON, Governor
Central Administration:
Joe R. Williams
Secretary of Corrections, 827-8884
Vacant
Director of Adult Prisons, 827-8242
George M. Tapia
Warden, 827-8201



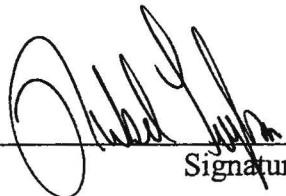
Post Office Box 1059
Santa Fe, N.M. 87504-1059
(505) 827-8200

ACKNOWLEDGMENT

I, Chubel Velosa, acknowledge that
Print Your Name Here

I have been duly informed of and afforded the time and opportunity to

Review my Payroll file during my annual training week.



Signature

Date

Witness

05.06.09
04.15.10
04.20.11
04.04.12
05.08.13



2012
mgarcia
A. Lanza
mgarcia
A. Lanza

Biographical Details**Contact Information****Regional**

Rubel Leyba

Person ID: 310458

Primary Name[Find](#) | [View All](#) First 1 of 1 Last

Effective Date: 04/19/2008



Format Type: English

Display Name: Rubel Leyba

[View Name](#)**Biographic Information**

Date of Birth: /1978 29 Years 10 Months Date of Death:

Birth Country: USA United States

Birth State:

Birth Location:

 Waive Data Protection**Biographical History**[Find](#) | [View All](#) First 1 of 1 Last

*Effective Date: 10/26/2007



*Gender:

*Highest Education Level: A-Not Indicated

*Marital Status:

As of: 10/26/2007

Language Code:

Alternate ID:

 Full-Time Student**National ID**[Customize](#) | [Find](#) | [View All](#) First 1 of 1 Last***Country*****National ID Type****National ID****Primary ID**

USA

Social Security Number



Save

Return to Search

Notify

Previous tab

Next tab

Refresh

Add

Update/Display

Include Hi

[Biographical Details](#) | [Contact Information](#) | [Regional](#)

[Biographical Details](#) [Contact Information](#) [Regional](#)

Rubel Leyba

Person ID: 310458

Current Addresses			Customize	Find	View All		First		1 of 1		Last
<u>Address Type</u>	<u>As Of Date</u>	<u>Status</u>									
Home	10/26/2007	A									

Phone Information			Customize	Find		First		1 of 1		Last	
<u>*Phone Type</u>	<u>Telephone</u>	<u>Extension</u>									
Home											

Email Addresses			Customize	Find		First		1 of 1		Last	
<u>*Email Type</u>	<u>*Email Address</u>	<u>Preferred</u>									
		<input checked="" type="checkbox"/>									

 [Save](#) [Return to Search](#) [Notify](#) [Previous tab](#) [Next tab](#) [Refresh](#) [Add](#) [Update/Display](#) [Include His](#)[Biographical Details](#) | [Contact Information](#) | [Regional](#)

[Biographical Details](#) [Contact Information](#) [Regional](#)

Rubel Leyba

Person ID: 310458

▼ USA

Ethnic Group[Find](#) | [View All](#) First 1 of 1 LastRegulatory Region: United StatesEthnic Group: Hispanic/Latino Primary**History**[Find](#) | [View All](#) First 1 of 1 LastEffective Date: Date Entitled to Medicare: Military Status: Citizenship (Proof 1): Citizenship (Proof 2): Eligible to Work in U.S.**Smoker History**[Customize](#) | [Find](#) | First 1 of 1 Last***Smoker*****As of**

1

Save Return to Search Notify Previous tab Next tab Refresh Add Update/Display Include H

[Biographical Details](#) | [Contact Information](#) | [Regional](#)

[Work Location](#) [Job Information](#) [Job Labor](#) [Payroll](#) [Salary Plan](#) [Compensation](#)

 Rubel Leyba EMP ID: 310458 Empl Rcd #: 0.

Job Information Find First 1 of 1 Last
Effective Date: 04/19/2008 **Effective Sequence:** 0 **Job Indicator:** Primary Job

Action / Reason: Rehire Rehire Current
Job Code: M3012B **CORRCTNL OFF & JAIL-B** **Entry Date:** 04/19/2008

Supervisor Level: H **Level H**
Supervisor ID:
Reports To: 00016856 CRIM JUST & LW ENF-A 109742 Mark Montoya

Regular/Temporary: Reg/PERM

Full/Part: Full-Time

Empl Class: 75k Lf Ins

***Officer Code:** Reg/Perm

Regular Shift: 1

Shift Rate:
Classified Indc: Classified

Duties Type:
Standard Hours
Standard Hours: 40.00

Work Period: W Weekly

FTE: 1.000000

 Adds to FTE Actual Count?

 Encumbrance Override

Contract #
Contract Number:
Contract Type:
Next Contract Number

[Job Data](#)
[Employment Data](#)
[Earnings Distribution](#)
[Benefits Program Participation](#)

Save

Return to Search

Notify

Previous tab

Next tab

Refresh

Work Location	Job Information	Job Labor	Payroll	Salary Plan	Compensation				
Rubel Leyba	EMP		ID:	310458		Empl Rcd #:	0		
Payroll Information						Find	First	1 of 1	Last
Effective Date:	04/19/2008	Effective Sequence:	0	<input type="checkbox"/>	Job Indicator:	Primary Job			
Action / Reason:	Rehire		Rehire		Current				
*Payroll System:	Payroll for North America								
Payroll for North America									
Pay Group:	COF		Corrections Officers		Holiday Schedule:	HOL		HOL	
Employee Type:	H		Hourly		FICA Status:	Medicare only			
Tax Location Code:	NEWMEXICO		NM						
GL Pay Type:						Edit ChartFields			
Combination Code:									

[Job Data](#) [Employment Data](#) [Earnings Distribution](#) [Benefits Program Participation](#)

 [Save](#)  [Return to Search](#)  [Notify](#)  [Previous tab](#)  [Next tab](#)  [Refresh](#)  [Update/Display](#)  [Include Hist](#)

[Work Location](#) [Job Information](#) [Job Labor](#) [Payroll](#) [Salary Plan](#) [Compensation](#)

Rubel Leyba EMP ID: 310458 Empl Rcd #: 0

Salary Plan

Find First 1 of 1 Last

Effective Date: 04/19/2008 Effective Sequence: 0 Job Indicator: Primary Job

Action / Reason: Rehire

Rehire

Current

Salary Administration CLSS Grade: 50 Grade Entry Date 04/19/2008

Plan:

Includes Wage Progression Rule Step: Step Entry Date

[Job Data](#)[Employment Data](#)[Earnings Distribution](#)[Benefits Program Participation](#)

Save Return to Search Notify Previous tab Next tab Refresh Update/Display Include Histo

[Work Location](#) | [Job Information](#) | [Job Labor](#) | [Payroll](#) | [Salary Plan](#) | [Compensation](#)

[Work Location](#) [Job Information](#) [Job Labor](#) [Payroll](#) [Salary Plan](#) [Compensation](#)

Rubel Leyba

EMP

ID: 310458

Empl Rcd #: 0

Compensation

Find First 1 of 1 Last

Effective Date: 04/19/2008

Effective Sequence: 0

Job Indicator: Primary Job

Action / Reason: Rehire

Rehire

Current

Compensation Rate: 988.00 USD *Frequency: B Biweekly

Comparative Information

Pay Rates

Default Pay Components

Pay Components

Customize | Find | First 1 of 1 Last

Amounts

Controls

Changes

Conversion

*Rate Code

Seq

Comp Rate

Currency

Frequency

Percent

1 NAHRLY

0

12.350000

USD

H

Calculate Compensation

[Job Data](#)[Employment Data](#)[Earnings Distribution](#)[Benefits Program Participation](#)

Save Return to Search Notify Previous tab Next tab Refresh Update/Display Include Histo

Benefit Program Participation

Rubel Leyba

EMP

ID: 310458

Empl Rcd #: 0

Benefit Record Number: 0

Benefit Status

Find First 1 of 1

Effective Date:	04/19/2008	Effective Sequence:	0
Action / Reason:	Rehire	Rehire	

Current

*Benefits System:

Benefits Administration

Benefits Employee Status: Active

Annual Benefits Base Rate:

USD

Benefits Administration Eligibility

BAS Group ID: 770 New Mexico Corrections Dept

Elig Fld 1:	A	Elig Fld 2:		Elig Fld 3:	POLCOR
Elig Fld 4:		Elig Fld 5:		Elig Fld 6:	
Elig Fld 7:		Elig Fld 8:		Elig Fld 9:	

Benefit Program Participation

Find | View All First 1 of 2

*Effective Date

04/19/2008

*Benefit Program

NMA State of New Mexico

Currency Code

USD

Job Data

Employment Data

Earnings Distribution

Benefits Program Participation

Save

Return to Search

Notify

Refresh

Update/Display

Include Histo

Time and Labor Data

Rubel Leyba

ID: 310458

Empl Rcd #: 0

Time Reporter Data

*Effective Date: 04/19/2008 *Time Reporter Status: Active Send Time to Payroll

Time Reporter Type	Time Reporting Template	Commitment Accounting Flags
<input checked="" type="radio"/> Elapsed		<input checked="" type="checkbox"/> For Taskgroup
<input type="radio"/> Punch		<input checked="" type="checkbox"/> For Department

Time Period ID:

*Workgroup: 770OT40PAY Pays Overtime over 40 hours

*Taskgroup: 770000002 NM Corrections Department 2

Task Profile ID: 00016505 Position 00016505

TCD Group:

Restriction Profile ID:

Rule Element 1:

Rule Element 2:

Rule Element 3:

Rule Element 4:

Rule Element 5:

Time Zone: MST Mountain Time

OK Cancel Refresh

[Event / Participant Selection](#) [Option Election](#) [Dependents / Beneficiaries](#)

Sched ID: 770EM EmpID: 310458 Rubel Leyba

Ben Rcd#: 0 Event ID: 1

Event Data: 04/19/2008 New Hire

Excess Credit Rollover To: Cash

Available Plans and Options

[Find](#)**Plan Type 1U : Employee Assistance Program**

Plan Type 1U : Employee Assistance Program

Option Code: 1 New Mexico EAP (NMEAP) (Employee Only)

Health Provider ID: _____

 Previously Seen[Special Requirements](#)**Dependents/Beneficiaries**[Enroll All](#)

*ID	Name	Relationship to Employee	Health Provider ID	Previously Seen	Covered Person Type	Age Limit Flag
				<input type="checkbox"/>		

Plan Type 50 : Sick

Plan Type 50 : Sick

Option Code: 1 Sick Leave (NMSICK)

[Special Requirements](#)**Plan Type 51 : Vacation**

Plan Type 51 : Vacation

Option Code: 3 Classified Vacation Leave (CLASSF)

[Special Requirements](#)**Plan Type 5Y : Donated Sick**

Plan Type 5Y : Donated Sick

Option Code: 1 Donated Sick Eligible (DNSICK)

[Special Requirements](#)**Plan Type 5Z : Donated Leave**

Plan Type 5Z : Donated Leave

Option Code: 1 Donated Leave Eligible (DONLEA)

[Special Requirements](#)**Plan Type 7W : PERA/ERA**

Plan Type 7W : PERA/ERA

Option Code: 13  State Police / Adult Correctio (POLCOR)

[Special Requirements](#)

Plan Type 7Y : Retiree Health Care

Plan Type 7Y : Retiree Health Care

Option Code: 10  PERA Retiree Health Care (RETHC)

[Special Requirements](#)

[OK](#) | [Cancel](#) | [Apply](#) |  [Refresh](#)

[Event / Participant Selection](#) | [Option Election](#) | [Dependents / Beneficiaries](#)

CORRECTIONS DEPARTMENT

NEW EMPLOYEE ORIENTATION CHECKLIST

PAYROLL/BENEFITS

B
Payment Disposition Form
Direct Deposit Authorization Form
W-4
Social Security Notice (SSA-1945)
FICA Statement
PERA Application
PERA Survivor Form
PERA Refund Form
PERA Handbook
PERA Coverage Statement
Employee Benefits Summary
Benefit Plan Handbook
Contribution Schedule
Group Enrollment Form
Waiver Form
Beneficiary Form
Prudential Life Insurance Booklet
C.O. Life Insurance Card
New Hire Orientation Acknowledgement Form
RMD's Privacy Policies & Procedures (*HIPPA*)
Notice of Privacy Practices (*HIPPA*) (*Acknowledgement Form*)
Notice of Continuation Coverage Rights/Cobra Rates
Nationwide Deferred Compensation
Education Plan of New Mexico
U.S. Savings Bonds
Check Stub Form
Leave Report Form
State Employees Credit Union
Corrections Employees Federal Credit Union

I, Rubel Leyba, acknowledge that I have received the above information and that it has been discussed with me.

Signature
(1/06)

Date

4-22-08

[New Window](#) | [Help](#) | [Customize Page](#) |

Assign Work Schedule

Rubel Leyba

EmplID: 310458

Job Title: CORRCTNL OFF &JAIL-B

Empl Rcd Nbr: 0

 [Click for Instructions](#)

Assign Schedules				Customize	Find	View All		First
Details								
*Effective Date	*Assignment Method	Schedule Group	Schedule ID	Description				
04/19/2008	<input checked="" type="checkbox"/> Use Default Schedule	NMSCHEGRP	400088888	40 HRS 00-00-80-80-80-80	80			Show Sche

View history of Schedule Assignments, including default changes

Save Return to Search Refresh

Update/Display Include History

NEW HIRE ORIENTATION ACKNOWLEDGEMENT FORM

This memo is to advise you of certain benefits and rights that you are entitled to under the State of New Mexico group insurance plans. You should read this notice carefully and talk to your Agency Group Representative about any questions you have. Eligibility for participation in the State's group plans is described in the "Benefit Plan Handbook for State Employees" you have received. These eligibility rules apply to all of the State's plans.

I acknowledge receipt of the New Hire Orientation Packet, which includes the Benefit Plan Handbook for State Employees, Enrollment Form, Flexible Spending Account Enrollment Form, Pre-Enrollment Brochure for Long Term Care, Supplemental Whole Life packet, and Premium Only Plan (POP) Brochure.

I understand I have up to 31 days from the date of my hire to enroll myself and any dependents in the Benefit Plans offered to me as a State of New Mexico employee. Further, I understand I will not be able to enroll in the State of New Mexico Benefit Plans after 31 days from my date of hire except as a Late Enrollee. I understand Late Enrollees are subject to a 90-day wait period, and are limited to enrollment in the Medical Plan only.

I understand the premiums payable for the State of New Mexico's benefits are based upon a full 40-hour workweek annualized salary even though I may or may not work a full 40-hour workweek.

Please note:

1. You may choose the "Basic Life Package" coverage only. (This includes Basic Life, Accidental Death & Dismemberment, Short and Long Term Disability coverage)
2. Employees who enroll in the "Basic Life Package" when initially eligible may also choose to enroll in the optional Life coverage Level 1, 2, 3, 4, or 5. This optional coverage is paid 100% by the employee.
3. You may choose the medical plan for single, couple, or family coverage. If you enroll for the medical plan, you must also enroll in the employee's "Basic Life Package" and if you enroll for family or couple coverage, Dependent life insurance will be included.

My signature constitutes my acknowledgement that I have been informed of the enrollment requirements of the State of New Mexico.

Employee Name (Printed): Hubel Leyba

Employee Signature: Hubel Leyba Date: 4-22-08

Agency: 770 - PNM

Group Representative Signature: _____ Date: _____



Public Employees
Retirement Association
of New Mexico

PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 476-9401 fax (505) 476-9300 voice (800) 342-3422 Toll-Free

www.pera.state.nm.us

CHANGE IN PERA RECORDS

Instructions: Please print or type in dark ink. Required fields are in **BOLD ITALICS**

MEMBER INFORMATION (Must be completed in all cases) PRINT CLEARLY

SOCIAL SECURITY NUMBER or PERA ID NUMBER

FIRST NAME	MI	LAST NAME
Rubel	E	LEYBA

DATE OF BIRTH (mm/dd/ccyy) 1978

CURRENT MARITAL

CURRENT FIRST NAME	MI	LAST NAME
Rubel	E	LEYBA
PREVIOUS FIRST NAME	MI	LAST NAME

EFFECTIVE DATE OF CHANGE (mm/dd/ccyy)

ADDRESS CHANGE/CORRECTION PRINT CLEARLY

ADDRESS TYPE PERMANENT TEMPORARY MAILING HOME or CELL TELEPHONE NO.

STREET ADDRESS

BUSINESS TELEPHONE NO.

827-8732

CITY	STATE	ZIP
Albuquerque	N.M.	

FOREIGN PROVINCE	FOREIGN POSTAL CODE	FOREIGN COUNTRY
		Rio Arriba

DATE OF CHANGE (mm/dd/ccyy)

E-MAIL ADDRESS

MARITAL STATUS CHANGE/CORRECTION PRINT

MARITAL STATUS/EFFECTIVE DATE OF CHANGE (mm/dd/ccyy)

MARRIED / / DIVORCED

WIDOWED / /

SOCIAL SECURITY NUMBER CHANGE/CORRECTION PRINT

PREVIOUS SOCIAL SECURITY NUMBER	NEW SOCIAL SECURITY NUMBER	EFFECTIVE DATE OF CHANGE

MEMBER AUTHORIZATION

SIGNATURE OF MEMBER

DATE

12/12/13

July 2012



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 827-4670 fax (505) 827-4700 voice

www.state.nm.us/pera

APPLICATION FOR PERA MEMBERSHIP

Instructions: Please print or type in black. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

SECTION A - MEMBER INFORMATION

SOCIAL SECURITY NUMBER**FIRST NAME** *Rubel***MI** *E.***LAST NAME***Leyba***ADDRESS TYPE** PERMANENT TEMPORARY MAILING**ADDRESS****HAVE YOU EVER BEEN A PERA MEMBER?** YES NO **EMAIL ADDRESS** *N/A***ARE YOU OR HAVE YOU BEEN A MEMBER OF ANY OTHER NEW MEXICO RETIREMENT PLAN?** YES NOIF YES, PLEASE CHECK WHICH PLAN(S): JUDICIAL MAGISTRATE EDUCATIONAL VOLUNTEER FIREFIGHTERS
 LEGISLATIVE**ARE YOU RECEIVING A PENSION FROM ANY OF THESE PLANS?** YES NO

FAMILY INFORMATION

Please use additional Membership Application(s) if the space on the family information section is not sufficient.

Note, however, the designation of a survivor or refund beneficiary is on separate

CURRENT MARITAL STATUS (Check One)

SPOUSE'S NAME	<i>Christine Leyba</i>	SSN	DATE OF BIRTH (mm/dd/ccyy)
CHILDREN'S NAME(S)	<i>Anessa K. Leyba</i>	SSN	DATE OF BIRTH (mm/dd/ccyy)

MEMBER CERTIFICATION

hereby declare that all the above information is true and complete to the best of my knowledge.

SIGNATURE OF MEMBER*Rubel Leyba***DATE** *04-22-08*

Remember to send corrections to PERA if any of the above information changes. All your PERA record are maintained by using your social security number. Annual member statements and PERA election ballots are sent to the most recent address PERA has on file for you.

SECTION B - TO BE COMPLETED BY EMPLOYER

Please copy the completed application for your employer file and for the employee. Return the original with the Beneficiary Designation Form and a copy of the employee's social security card to PERA immediately upon completion.

NAME OF EMPLOYER	<i>Dept. of Corrections</i>	EMPLOYER CODE <i>01-772</i>
DATE EMPLOYED (mm/dd/ccyy)	<i>04/19/08</i>	WAGES <i>\$988.00</i>
FREQUENCY		<i>Biweekly</i>

CURRENT POSITION *Correctional Officer* **PLAN** *SPUR+ADOP over plan*

EMPLOYER CERTIFICATION

I certify that the above employee is employed by the department as of the above date.

AUTHORIZED SIGNATURE	<i>Martha Flores</i>	DATE (mm/dd/ccyy) <i>04/22/08</i>
TITLE	<i>HR Adm Sl.</i>	BUSINESS TELEPHONE NO. <i>827-8508</i>



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 827-4700 voice

www.pera.state.nm.us

 New form Change in existing information**SURVIVOR BENEFICIARY DESIGNATION FORM**

Instructions: Please print or type in black. The original of this form must be completed in its entirety and returned to PERA for processing. Required Fields are in **BOLD ITALICS**

MEMBER INFORMATION		PLEASE PRINT CLEARLY		
SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/ccyy) 1978		
FIRST NAME Bubel	MI E.	LAST NAME Leyba		
ADDRESS TYPE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> MAILING	HOME TELEPHONE NO.			
ADDRESS	BUSINESS TELEPHONE NO. N/A			EMAIL ADDRESS N/A
CITY Tucson	STATE AZ	ZIP	GENDER	
MARITAL STATUS Marriage or divorce	and PERA will affect your survivor beneficiary designation. Please contact PERA if either event occurs.			
BENEFICIARY INFORMATION				
I hereby designate the person named below as my survivor beneficiary to receive a monthly pension payable for life in the event of my death prior to retirement. I understand that if I have less than 5 years of service credit when I die, this monthly pension will be payable <u>only</u> if my death is duty related. If I am married and designate someone other than my spouse as survivor beneficiary, the spousal consent section of this form will be completed and signed by my spouse.				
NAME	RELATIONSHIP	SSN	DATE OF BIRTH	ADDRESS/PHONE NUMBER
Christine Leyba	Wife	-	-	-
SPOUSAL CONSENT				
I, _____ spouse of _____, consent to his/her decision to designate _____ as a survivor beneficiary.				
Signature of Member's Spouse _____	Date: _____			
MEMBER AUTHORIZATION				
I hereby declare that all the information provided is true and complete to the best of my knowledge and that the spousal signature is the signature of my spouse				
SIGNATURE OF MEMBER	DATE OF SIGNATURE (mm/dd/ccyy) 04-22-08			
NOTARIZATION OF MEMBER'S SIGNATURE				
State of New Mexico) County of <u>Santa Fe</u>) Subscribed and sworn to (or affirmed) before me by <u>Rubel Leyba</u> on this the <u>22</u> day of <u>April</u> <u>08</u> .	SS:			
My Commission Expires <u>3/21/2011</u>	Notary Public Telephone No: <u>505-827-8902</u>			
Notary Signature <u>Mattha Gloré</u>				



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 827-4670 fax (505) 827-4700 voice

www.state.nm.us/pera

REFUND BENEFICIARY DESIGNATION FORM

Instructions: Please print or type in black. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

 New Form **Change**

MEMBER INFORMATION

PLEASE PRINT CLEARLY

DATE OF BIRTH

-1978

SOCIAL SECURITY NUMBER**FIRST NAME** Rubel**MI** E.**LAST NAME** Leyba**ADDRESS TYPE** PERMANENT TEMPORARY MAILINGH**ADDRESS**

BUSINESS TELEPHONE NO.

EMAIL ADDRESS

CITY**MARITAL STATUS** SINGLE DIVORCED WIDOWED

BENEFICIARY INFORMATION

Person as a Refund Beneficiary

If you are married and wish to designate someone other than your spouse as the refund beneficiary, the spousal consent below must be signed by him/her.

NAME	RELATIONSHIP	SSN	DATE OF BIRTH	ADDRESS/PHONE NUMBER
<u>Christine Leyba</u>	<u>Wife</u>			

Organization as a Refund Beneficiary

ORGANIZATION NAME	ORGANIZATION ADDRESS/PHONE NUMBER	ORGANIZATION TAX ID #

If I die and no pension is payable under the PERA Act, I designate following the person or organization named above as my refund beneficiary to receive the refund of my member contributions. The first five (5) years of employment and service credit are the most important to have a REFUND BENEFICIARY designation on file at PERA. Under the statute, if you have less than five years of service credit and if your death is not "duty related" (that is, from a job related injury or illness), your contributions will be refunded to your beneficiary in a lump sum. If you have not named a refund beneficiary, the refund amount will be paid to your estate.

SPOUSAL CONSENT

I, _____ spouse of _____, consent to

his/her decision to designate _____ as a refund beneficiary.

Signature of Member's Spouse _____

Date: _____

MEMBER AUTHORIZATION

SIGNATURE OF MEMBERRubel Leyba**DATE OF SIGNATURE (mm/dd/yy)**

4-22-2008

NOTARIZATION OF MEMBER'S SIGNATURE

State of New Mexico

County of Santa Fe } SS:Subscribed and sworn to before me by Rubel Leyba on this the 22 day of April 08.My Commission Expires 3/31/2011Notary Public Telephone No: 505-827-8902Notary Signature Martha Giese

<<BarcodeData>>

September 2004

New Mexico Corrections Department
2013 Spring Open/Switch Enrollment
Required Documents Check List

Employee Name	ID#	Date
Rubel Leyba	3104158	5/2/13

Employee Viewed RMD Open Enrollment Video or attended RMD Open Enrollment Meeting
 Employee's Initials JL

HMO/PPO Enrollment Form
 or NMHIP Enrollment Form
 Health Equity Acknowledgement Form
 H.S.A Contribution Form

Beneficiary Designation/Change Form

Proof of dependency for all eligible dependents
 Spouse - Marriage Certificate
 Domestic Partner / Common Law/Same Sex Marriages - Domestic Partner Affidavit
 Natural Born Children - Birth Certificate (HR will complete "State Filed Birth Certificate Registration Certification" form upon witnessing the proof of dependency; HR will not keep copies of Birth Certificates.)
 Step Children - employee must be currently married to the mother/father of the child(ren) - Birth certificate with mother/father's name on it & Marriage Certificate
 Adopted Children - Court Approved Guardianship Papers
 Legal Guardianship - Court Approved Guardianship Papers

Name of HR Employee Completing checklist:

Maria Escobar

[Event / Participant Selection](#) [Option Election](#) [Dependents / Beneficiaries](#)

Sched ID: 770EM EmplID: 310458 Rubel Leyba

Ben Rcd#: 0 Event ID: 2

Event Data: 04/19/2008 Benefits Hire Event

Excess Credit Rollover To: Cash

Available Plans and Options[Find](#)**Plan Type 10 : Medical**

Plan Type 10 : Medical

Option Code: 64 Pres Pre Tax Band A (PRESPA) (Family)

Health Provider ID:

 Previously SeenSpecial Requirements**Dependents/Beneficiaries**[Enroll All](#)

*ID	Name	Relationship to Employee	Health Provider ID	Previously Covered Seen	Person Type	Age Limit Flag
01	Christine Leyba	Spouse		<input type="checkbox"/>	Spouse	
02	Anessa Leyba	Daughter		<input type="checkbox"/>	Child	<input checked="" type="checkbox"/>

Plan Type 11 : Dental

Plan Type 11 : Dental

Option Code: 4 Delta Pre Tax Band A (DELTPA) (Family)

Health Provider ID:

 Previously SeenSpecial Requirements**Dependents/Beneficiaries**[Enroll All](#)

*ID	Name	Relationship to Employee	Health Provider ID	Previously Covered Seen	Person Type	Age Limit Flag
01	Christine Leyba	Spouse		<input type="checkbox"/>	Spouse	
02	Anessa Leyba	Daughter		<input type="checkbox"/>	Child	<input checked="" type="checkbox"/>

Plan Type 14 : Vision

Plan Type 14 : Vision

Option Code: 999 Waive Coverage

Health Provider ID: _____

Previously Seen

Special Requirements

Dependents/Beneficiaries

Enroll All

*ID	Name	Relationship to Employee	Health Provider ID	Previously Seen	Covered Person Type	Age Limit Flag
[+]	[Name]	[Relationship]	[ID]	<input type="checkbox"/>		

Plan Type 15 : Domestic Partner Medical

Plan Type 15 : Domestic Partner Medical

Option Code: 999 Waive Coverage

Health Provider ID: _____

Previously Seen

Special Requirements

Dependents/Beneficiaries

Enroll All

*ID	Name	Relationship to Employee	Health Provider ID	Previously Seen	Covered Person Type	Age Limit Flag
[+]	[Name]	[Relationship]	[ID]	<input type="checkbox"/>		

Plan Type 16 : Domestic Partner Dental

Plan Type 16 : Domestic Partner Dental

Option Code: 999 Waive Coverage

Health Provider ID: _____

Previously Seen

Special Requirements

Dependents/Beneficiaries

Enroll All

*ID	Name	Relationship to Employee	Health Provider ID	Previously Seen	Covered Person Type	Age Limit Flag
[+]	[Name]	[Relationship]	[ID]	<input type="checkbox"/>		

Plan Type 17 : Domestic Partner Vision

Plan Type 17 : Domestic Partner Vision

Option Code: 999 Waive Coverage

Health Provider ID: _____

Previously Seen

Special Requirements

Dependents/Beneficiaries

Enroll All

*ID	Name	Relationship to Employee	Health Provider ID	Previously Seen	Covered Person Type	Age Limit Flag



Plan Type 1V : GSD/RMD Administrative Fee

Plan Type 1V : GSD/RMD Administrative Fee

Option Code: 10 GSD/RMD Admin Fee Band A (ADMINA) (GSD/RMD Admin Fee)



Health Provider ID: _____

Previously Seen

Special Requirements

Dependents/Beneficiaries

Enroll All

*ID	Name	Relationship to Employee	Health Provider ID	Previously Seen	Covered Person Type	Age Limit Flag



Plan Type 1Z : ARAG Legal Services

Plan Type 1Z : ARAG Legal Services

Option Code: 1 Waive Coverage



Health Provider ID: _____

Previously Seen

Special Requirements

Dependents/Beneficiaries

Enroll All

*ID	Name	Relationship to Employee	Health Provider ID	Previously Seen	Covered Person Type	Age Limit Flag



Plan Type 20 : Basic Life

Plan Type 20 : Basic Life

Option Code: 10 Basic Life 50K Band A (BAS40A)

Factor x Salary: _____

Flat Amount: _____

*Benefits Base: _____

Annual Rate: _____

Special Requirements

Dependents/Beneficiaries

Enroll All

*ID	Name	Relationship to Employee	Percentage	Flat Amount	Contingent	Excess
01	Christine Leyba	Spouse	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
+..						

Plan Type 22 : AD and D

Plan Type 22 : AD and D

Option Code: 2 AD&D 50K (ADD40)

Factor x Salary: _____

Flat Amount: _____

*Benefits Base: _____

Annual Rate: _____

Special Requirements

Dependents/Beneficiaries

Enroll All

*ID	Name	Relationship to Employee	Percentage	Flat Amount	Contingent	Excess
01	Christine Leyba	Spouse	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
+..						

Plan Type 25 : Dependent Life

Plan Type 25 : Dependent Life

Option Code: 10 Dependent Life Band A (DEPLFA)

Factor x Salary: _____

Flat Amount: _____

*Benefits Base: _____

Annual Rate: _____

Special Requirements

Dependents/Beneficiaries

Enroll All

*ID	Name	Relationship to Employee	Flat Amount
01	Christine Leyba	Spouse	_____ <input type="checkbox"/>
02	Anessa Leyba	Daughter	_____ <input type="checkbox"/>

Plan Type 2T : Supp Term Life

Plan Type 2T : Supp Term Life

Option Code: 999 Waive Coverage

Factor x Salary:

Flat Amount:

*Benefits Base:

Annual Rate

Special Requirements**Dependents/Beneficiaries**

Enroll All

*ID	Name	Relationship to Employee	Percentage	Flat Amount	Contingent	Excess
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Plan Type 27 : Supplemental AD and D

Plan Type 27 : Supplemental AD and D

Option Code: 999 Waive Coverage

Factor x Salary:

Flat Amount:

*Benefits Base:

Annual Rate

Special Requirements**Dependents/Beneficiaries**

Enroll All

*ID	Name	Relationship to Employee	Percentage	Flat Amount	Contingent	Excess
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Plan Type 2X : Long-Term Care (Employee)

Plan Type 2X : Long-Term Care (Employee)

Option Code: 1 Waive Coverage

Factor x Salary:

Flat Amount:

*Benefits Base:

Annual Rate

Special Requirements**Dependents/Beneficiaries**

Enroll All

*ID	Name	Relationship to Employee	Percentage	Flat Amount	Contingent	Excess
				.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Plan Type 2R : AD&D 25K

Plan Type 2R : AD&D 25K

Option Code: 1 AD&D 25K (ADD25K)

Factor x Salary:

Flat Amount:

*Benefits Base:

Annual Rate

**Special Requirements****Dependents/Beneficiaries**

Enroll All

*ID	Name	Relationship to Employee	Percentage	Flat Amount	Contingent	Excess
01	<input type="checkbox"/> Christine Leyba	Spouse			<input type="checkbox"/>	<input type="checkbox"/>
[+]						

Plan Type 2S : Basic Life 25K

Plan Type 2S : Basic Life 25K

Option Code: 1 Basic Life 25K (BAS25K)

Factor x Salary:

Flat Amount:

*Benefits Base:

Annual Rate

**Special Requirements****Dependents/Beneficiaries**

Enroll All

*ID	Name	Relationship to Employee	Percentage	Flat Amount	Contingent	Excess
01	<input type="checkbox"/> Christine Leyba	Spouse			<input type="checkbox"/>	<input type="checkbox"/>
[+]						

Plan Type 2Y : Long-Term Care (Spouse)

Plan Type 2Y : Long-Term Care (Spouse)

Option Code: 1 Waive Coverage

Factor x Salary:

Flat Amount:

*Benefits Base:

Annual Rate

**Special Requirements****Dependents/Beneficiaries**

Enroll All

*ID	Name	Relationship to Employee	Percentage	Flat Amount	Contingent	Excess
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
[+]						

Plan Type 30 : Short-Term Disability

Plan Type 30 : Short-Term Disability

Option Code: 10 Short-Term Dis Salary Band A (STDISA)

[Special Requirements](#)

Plan Type 31 : Long-Term Disability

Plan Type 31 : Long-Term Disability

Option Code: 10 Long-Term Disability (LTDIS)

[Special Requirements](#)

Plan Type 60 : Flex Spending Health - U.S.

Plan Type 60 : Flex Spending Health - U.S.

Option Code: 1 Waive Coverage

Annual Pledge: \$0.00

Employee Contribution Override:

[Contribution Worksheet](#)

[Special Requirements](#)

Plan Type 61 : Flex Spending Dependent Care

Plan Type 61 : Flex Spending Dependent Care

Option Code: 1 Waive Coverage

Annual Pledge: \$0.00

Employee Contribution Override:

[Contribution Worksheet](#)

[Special Requirements](#)

Plan Type 6X : Flex Spending Dep Care Single

Plan Type 6X : Flex Spending Dep Care Single

Option Code: 1 Waive Coverage

Annual Pledge: \$0.00

Employee Contribution Override:

[Contribution Worksheet](#)

[Special Requirements](#)

Plan Type 6Y : FSA Parking

Plan Type 6Y : FSA Parking

Option Code: 1 Waive Coverage

Annual Pledge: \$0.00

Employee Contribution Override: _____

► Contribution Worksheet

Special Requirements

Plan Type 6Z : FSA Mass Transit

Plan Type 6Z : FSA Mass Transit

Option Code: 1 Waive Coverage 

Annual Pledge: \$0.00

Employee Contribution Override: _____

► Contribution Worksheet

Special Requirements

Event / Participant Selection | Option Election | Dependents / Beneficiaries

55th
Meeting
YES!

I want a strong union for a strong contract!

I authorize AFSCME Council 18 as my exclusive collective bargaining representative, and I accept membership in AFSCME Council 18. I understand that as a member I will pay union dues, and that I will not pay any dues until I am covered by the union contract. I authorized my employer to deduct union dues from my pay and transmit them to the union. This authorization becomes effective on the date the union contract is ratified by the majority of employees. The amount of the dues deduction shall be the amount approved by membership as set forth in the AFSCME Constitution and certified in writing to my employer by the union.

SIGNATURE

Dale L. Byrd
PROCESSED

DATE

6/10/09

AUG 05 2009

SS#

NAME (PRINT)

HOME ADDRESS

CITY

HOME PHONE

**AFSCME
Council**

STATE

N

WORK PHONE

CELL/PAGER

HOME E-MAIL

WORKSITE LOCATION

PN M Santa Fe

DEPARTMENT/AGENCY

3427

JOB TITLE

c/o

WORK HOURS

1000 AM/PM TO 0600 AM/PM

*Entered
09/09/09
MGB*

*9/18/09
NMCD
LEM*



STATE OF NEW MEXICO
NEW MEXICO CORRECTIONS DEPARTMENT
POLICIES AND PROCEDURES ACKNOWLEDGEMENT FORM AT THE PENITENTIARY OF NEW MEXICO

I, Rubel Leigh, ACKNOWLEDGE

(PRINT OFFICIAL LEGAL NAME)

I received copies of MEMORANDUM, PROCEDURES and POLICIES listed below and that it is my responsibility to read and comply with these POLICIES and document information given. I recognize that violation of these policies may result in Disciplinary Action that may include dismissal. I further acknowledge that if I have questions or do not understand any provision of these policies, I will ask my Supervisor or Department Head for assistance.

POLICY / FORM NUMBER

TITLE

Indicating receipt of policy/information,
initial each line below as assigned.

CD-030100-	Employee Orientation.....	<u>OJ</u>
CD-030101.3-	Search of Employee Statement of Understanding and Acknowledgement	<u>OJ</u>
CD-030101.4-	Cell Phone Policy Statement of Understanding and Acknowledgement	<u>OJ</u>
CD-030600-	Employee Reporting Responsibilities; Calculation of Hours.....	<u>OJ</u>
CD-030601		<u>OJ</u>
CD-032200-	Code of Ethics	<u>OJ</u>
CD-032201		<u>OJ</u>
CD-033200-	Unlawful Discrimination/ Sexual Harassment.....	<u>OJ</u>
CD-033201		<u>OJ</u>
CD-037900-	Drug-Free and Alcohol-Free Workplace	<u>OJ</u>
CD-037901		<u>OJ</u>
CD-038300-	Employee DWI Policy	<u>OJ</u>
CD-038301		<u>OJ</u>
CD-044000	Information Technology Management.....	<u>OJ</u>
CD-044001	/02/03/04/05/06	
CD-070300-	Response to Person Hanging	<u>OJ</u>
CD-070301		<u>OJ</u>
CD-071901.B	Management of Hostage Situations	<u>OJ</u>

Employee Signature: Rubel Leigh Date: 5/9/13

Training Coordinator: R. S. Date: 2 May, 13
vv20JAN2012

NEW MEXICO CORRECTIONS DEPARTMENT
Policy/Procedure Acknowledgement

(CD-032200-01, *Code of Ethics*)

I, Rubel Lopez, acknowledge that I have received a copy of policy (CD-032200) and Procedure (CD-032201) and I further acknowledge that it is my responsibility to become familiar with this policy/procedure and recognize that violations may result in disciplinary action. If I have questions or if I do not understand any provision of this policy/procedure, I will ask my supervisor.

Code of Ethics

RH
Employee's Signature

5.18.12
Date

A. Chacon
Witness's Signature

5.18.12
Date

Original = Employee File
Copy = Employee



STATE OF NEW MEXICO
NEW MEXICO CORRECTIONS DEPARTMENT
POLICIES AND PROCEDURES ACKNOWLEDGEMENT FORM AT THE PENITENTIARY OF NEW MEXICO

I, Rubel Leyba, **ACKNOWLEDGE**
(PRINT OFFICIAL LEGAL NAME)

I received copies of MEMORANDUM, PROCEDURES and POLICIES listed below and that it is my responsibility to read and comply with these POLICIES and document information given. I recognize that violation of these policies may result in Disciplinary Action that may include dismissal. I further acknowledge that if I have questions or do not understand any provision of these policies, I will ask my Supervisor or Department Head for assistance.

POLICY / FORM NUMBER

TITLE

*Indicating receipt of policy/information,
initial each line below as assigned.*

CD-30100-	Employee Orientation.....	<u>B</u>
CD-030101.3-	Search of Employee Statement of Understanding and Acknowledgement	<u>B</u>
CD-030101.4-	Cell Phone Policy Statement of Understanding and Acknowledgement	<u>B</u>
CD-030600-	Employee Reporting Responsibilities; Calculation of Hours.....	<u>B</u>
CD-030601		
CD-032200-	Code of Ethics	<u>B</u>
CD-032201		
CD-033200-	Unlawful Discrimination/ Sexual Harassment.....	<u>B</u>
CD-033201		
CD-037900-	Drug-Free and Alcohol-Free Workplace	<u>B</u>
CD-037901		
CD-038300-	Employee DWI Policy	<u>B</u>
CD-038301		
CD-044000	Information Technology Management.....	<u>B</u>
CD -044001	/02/03/04/05/06	
CD-070300-	Response to Person Hanging	<u>B</u>
CD-070301		
CD-071901.B	Management of Hostage Situations	<u>B</u>

Employee Signature: Rubel Leyba Date: 4-5-12

Training Coordinator: J. Elmer V. Velasquez Date: 05 APR 2012
jev20JAN2012

NEW MEXICO
CORRECTIONS DEPARTMENT
Hostage Policy Acknowledgement

Negotiation and/or the appropriate level of force shall be utilized as circumstances dictate to resolve a hostage situation. [4-4048]

1. A staff member taken hostage has no authority, regardless of his/her rank.
2. Decision-makers shall not negotiate directly.
3. The following items are non-negotiable:
 - a) Weapons
 - b) Freedom / escape / keys / Transportation
 - c) Additional hostages
 - d) Amnesty

Upon release, any staff hostage will receive a minimum of 3 days of mandatory administrative leave with pay and shall not be required to report to the facility. A second psychological screening will be required prior to employee returning to work.


Employee Signature

4-24-12
Date


Personnel Officer/Supervisor Signature

4/24/12 09/28/11
Date

NEW MEXICO
CORRECTIONS DEPARTMENT
Search of Employee Statement of Understanding and Acknowledgement

STATEMENT OF UNDERSTANDING

It is a violation of State law for any person to introduce into the institution any article of contraband including deadly or explosive materials, currency, weapons, ammunition, intoxicants, tobacco or controlled substances. All vehicles and/or persons entering or on facility grounds are subject to search at any given time on a random basis in accordance with the 4th Amendment and case law. All employees entering a facility will be required to pass through a metal detector. All packages and items carried into the institution are subject to search by institutional employees and/or State, local or county law enforcement officials.

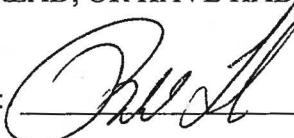
Where there exists a reasonable suspicion that a particular employee is attempting to introduce contraband into an institution, the Chief Executive Officer or designee on duty at the facility may order at any time that the employee be subjected to a more thorough search. An employee may be requested to remove his/her clothing to submit to an unclothed search where the Chief Executive Officer or designee determines that there is probable cause to believe that the particular employee possesses contraband. In such an instance the search may be conducted only by an employee of the institution of the same sex as the employee, in an area that provides the employee the greatest possible privacy.

It is required that you print or type and sign your name below, attesting that you understand all of the above.

Failure to comply will result in disciplinary action up to and including dismissal.

ACKNOWLEDGEMENT

I HAVE READ, OR HAVE HAD READ TO ME, AND UNDERSTAND ALL OF THE ABOVE.

Signature: 

Print Name: Babu Leyba

Date: 4-24-12

NEW MEXICO
CORRECTIONS DEPARTMENT
Cell Phone Policy Acknowledgement

I, Rubel Leyva, (PRINT NAME) ACKNOWLEDGE THAT I HAVE RECEIVED
NOTIFICATION IN REGARDS TO NO CELL PHONES, INCLUDING THE BLACKBERRY, BEING
PERMITTED INTO AN INSTITUTION OR AT ANY SECURITY POST AND THAT IT IS MY
RESPONSIBILITY TO COMPLY WITH THIS DIRECTIVE AND RECOGNIZE THAT VIOLATIONS
OF THIS DIRECTIVE MAY RESULT IN DISCIPLINARY ACTION. I FURTHER ACKNOWLEDGE
THAT IF I HAVE QUESTIONS, OR IF I DO NOT UNDERSTAND ANY PROVISIONS OF THIS
DIRECTIVE, I WILL ASK MY SUPERVISOR FOR ASSISTANCE.

Rubel Leyva
Employee Signature

4-2412
Date

Capt. Steven M. Maia
Personnel Officer/Supervisor Signature

4/24/12 04/24/12
Date

NEW MEXICO CORRECTION DEPARTMENT



STAFF INFORMATION SHEET

Following are policies of the Corrections Department relative to staff for employment.

1. Any relative of an employee of the Department may be employed in a position for which he/she qualifies if the selection does not result in either the staff or his/her relative becoming the supervisor of the other.
2. Any relative of a current Corrections client may be employed in any position for which he/she qualified, provided that the selection does not result in the candidate becoming responsible for the direct supervision of that relative.
3. The Corrections Department encourages employment (except as Correctional Officer) of ex-offenders who are no longer under the authority of any correctional jurisdiction provided that there is no conflict between the nature of any felony committed and potential job duties.

These policies require that the Department be furnished with the following information as part of staff records process:

Name: Leyba Rubel E JOB TITLE: C/O
 (print) Last Name First Name Middle Name

Name, relationship, position title and work site of any relative currently employed by the Corrections Department: (examples- spouse, parents, step-parents, children, step-children, brothers, sisters, grandparents, grandchildren, uncles, aunts, nephews, nieces, great-grandparents, in-laws) (Indicate "NONE" if appropriate.)

NAME	RELATIONSHIP	JOB TITLE	LOCATION
<u>N/A</u>			

Name, relationship, status (inmate, parolee or probationer) and location of any relative who is currently a correctional client: (Indicate "NONE" if appropriate.)

NAME	RELATIONSHIP	STATUS	LOCATION
<u>N/A</u>			

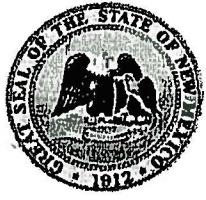
Have you ever been convicted of a felony? N O ("yes" or "no")

If "yes", nature of felony: _____

Date of Conviction: _____ Sentence Imposed: _____

Date released from Custody, Parole or Probation: _____

Signature: DWK Date: 4-2-12



STATE OF NEW MEXICO NEW MEXICO CORRECTIONS DEPARTMENT

POLICIES AND PROCEDURES ACKNOWLEDGEMENT FORM AT THE PENITENTIARY OF NEW MEXICO

I, Bubba L. Lewis, ACKNOWLEDGE

(PRINT OFFICIAL LEGAL NAME)

I received copies of MEMORANDUM, PROCEDURES and POLICIES listed below and that it is my responsibility to read and comply with these POLICIES and document information given. I recognize that violation of these policies may result in Disciplinary Action that may include dismissal. I further acknowledge that if I have questions or do not understand any provision of these policies, I will ask my Supervisor or Department Head for assistance.

POLICY / FORM NUMBER

TITLE

Indicating receipt of policy/information,
initial each line below as assigned.

CD-030101.3- Search of Employee	Statement of Understanding and Acknowledgement	<u>Q</u>
CD-030101.4- Cell Phone Policy Acknowledgement	<u>Q</u>
CD-030600- Employee Reporting Responsibilities; Calculation of Hours.....	<u>Q</u>	
CD-030601		
CD-032200- Code of Ethics	<u>Q</u>	
CD-032201		
CD-033200- Unlawful Discrimination/ Sexual Harassment.....	<u>Q</u>	
CD-033201		
CD-037900- Drug-Free and Alcohol-Free Workplace	<u>Q</u>	
CD-037901		
CD-038300- Employee DWI Policy	<u>Q</u>	
CD-038301		
CD-044000 Information Technology Management.....	<u>Q</u>	
CD -044001 /02/03/04/05/06		
CD-070300- Response to Person Hanging	<u>Q</u>	
CD-070301		
CD-071901.B Management of Hostage Situations	<u>Q</u>	

Employee Signature: Bubba L. Lewis Date: 4-20-11

Training Coordinator: J. Elvin 2480 Date: 20 APR 2011
jev23MAR2011

Code of Conduct
April 26, 2011
Page 3

CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)

I, Rubel Leyba, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martinez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name: Rubel Leyba

Signature: Rubel Leyba

Date: 05-03-11

NEW MEXICO
CORRECTIONS DEPARTMENT
Policy/Procedure Acknowledgement

I, Rubel Leyba,
(PRINT NAME) ACKNOWLEDGE THAT I HAVE

RECEIVED A COPY OF THE POLICIES/PROCEDURES LISTED BELOW AND THAT IT IS MY RESPONSIBILITY TO READ AND COMPLY WITH THESE POLICIES/PROCEDURES. I FURTHER ACKNOWLEDGE MY UNDERSTANDING THAT VIOLATIONS OF THESE POLICIES/PROCEDURES MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL. I UNDERSTAND THAT IF I HAVE QUESTIONS, OR I DO NOT UNDERSTAND ANY PROVISIONS OF THESE POLICIES/PROCEDURES, I WILL ASK MY SUPERVISOR FOR ASSISTANCE.

Drug-Free and Alcohol-Free Workplace (CD-037900/CD-037901)
 Leave Request and Approval (CD-032800/CD-032801)

Rubel Leyba
Employee Signature

5/23/08
Date

Witnesse [Signature]
Witness Signature

5/23/08
Date

Original = Employee File
Copy = Employee

**Acknowledgement of Receipt of
Agreement between the State of New Mexico and
American Federation of State, County and Municipal
Employees**

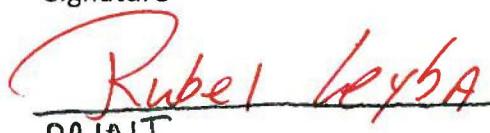
I acknowledge that I have received a copy of the above agreement.



Signature

12/08/10

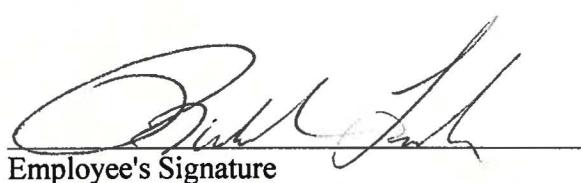
Date



PRINT

NEW MEXICO
CORRECTIONS DEPARTMENT
Overtime Statement

I, Rubel Leyba, an employee of the Corrections Department, acknowledge that the Fair Labor Standards Act has been explained to me and that I have received a copy of Policy CD-035100 entitled Overtime Compensation. I understand that under normal circumstances, I must obtain advance approval to work beyond 40 hours in a workweek. I understand that hours worked in excess of the normal 40 hours work week will be compensated if my supervisor knew or clearly should have known that I was working overtime and allowed me to do so. I also understand that it is my responsibility when, due to an emergency, I am unable to obtain advance approval and I am required to work overtime, that I promptly notify my supervisor of any overtime worked and to immediately complete and submit an Overtime Authorization Form. Failure to seek prior approval or to promptly notify my supervisor and to submit an overtime form after an emergency may lead to disciplinary action, or denial of payment for the overtime allegedly worked.



Employee's Signature

10-27-10
Date



Witness

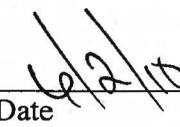
270070
Date

**NEW MEXICO
CORRECTIONS DEPARTMENT**
Policy Acknowledgement

(CD-033200-01, Unlawful Discrimination/Sexual Harassment)

I, RUBEL CEYBA, acknowledge that I have received a copy of policy (CD-033200) and procedure (CD-033201) and I further acknowledge that it is my responsibility to become familiar with this policy/procedure and recognize that violations may result in disciplinary action. If I have questions or if I do not understand any provision of this policy/procedure, I will ask my supervisor or the Office of Equal Opportunity (OEO) for assistance.


Employee's Signature


Date

cc: employee's personnel file

**NEW MEXICO
CORRECTIONS DEPARTMENT
Policy Acknowledgement**

I, Amber L. Garcia, (PRINT NAME) ACKNOWLEDGE THAT I HAVE RECEIVED COPIES OF THE POLICIES LISTED BELOW AND THAT IT IS MY RESPONSIBILITY TO READ AND COMPLY WITH THESE POLICIES AND RECOGNIZE THAT VIOLATIONS OF THESE POLICIES MAY RESULT IN DISCIPLINARY ACTION. I FURTHER ACKNOWLEDGE THAT IF I HAVE QUESTIONS, OR I DO NOT UNDERSTAND ANY PROVISIONS OF THESE POLICIES, I WILL ASK MY SUPERVISOR FOR ASSISTANCE.

Employee Handbook
 Conditions of Employment
 Overtime Policy
 Employee Reporting Responsibilities
 Workers' Compensation
 Code of Ethics
 Drug Free and Alcohol Free Workplace
 Grievance Procedure
 Dress Code Policy
 Leave Request and Approval Policy
 Family and Medical Leave of Absence (Review/Revised) 03/31/2010
 Unlawful Discrimination/Sexual Harassment Policy
 Information Technology Management Policy

Amber L. Garcia
Employee Signature

4/15/16
Date

Miranda Garcia
Personnel Officer/Supervisor Signature

04/15/10
Date

CONFIDENTIAL

Form CD-131601.3

NEW MEXICO
CORRECTIONS DEPARTMENT
Law Enforcement K-9 Statement of Understanding

In an effort to prevent accidental injuries to security and support staff, the following direction and safety rules are issued as advisement of appropriate behavior and actions when in the vicinity of law enforcement canines. All staff that come in contact with canines, or respond to incidents involving canines; are hereby directed to follow the safety rules listed below. If any questions or concerns arise regarding canines, please contact the respective STIU Coordinator or Canine Officer.

1. Teasing, agitating, or roughhousing with a police canine or in the presence of a police canine is strictly prohibited unless performed as part of a training exercise.
2. Handlers shall not permit the socialization of their assigned canine under any circumstances unless it is part of their training course.
3. Handlers shall not permit anyone to pet or hug their canine. Should a citizen or staff member express a desire to do so, he/she shall be informed that police canines are serious working dogs and that they may be dangerous if improperly approached.
4. Handlers shall make every effort to ensure the safety of staff, however, staff shall always give several feet of space to canine and handler, never approach without gaining acknowledgement from the handler of your presence, especially from behind. Staff should never try to walk or run past a canine and handler in hallways, corridors, or through doorways without first asking the handler if it is safe.

I acknowledge that I have received a copy of the above canine direction and safety rules. I further acknowledge that I understand the direction and safety rules.

Printed Name: Micheal Lefka

Signature: Micheal Lefka

Date: 4/14/16

CONFIDENTIAL



STATE OF NEW MEXICO
NEW MEXICO CORRECTIONS DEPARTMENT
POLICIES AND PROCEDURES ACKNOWLEDGEMENT FORM AT THE PENITENTIARY OF NEW MEXICO

I, Ronald J. Lash, **ACKNOWLEDGE**
(PRINT OFFICIAL LEGAL NAME)

I received copies of MEMORANDUM, PROCEDURES and POLICIES listed below and that it is my responsibility to read and comply with these POLICIES and document information given. I recognize that violation of these policies may result in Disciplinary Action that may include dismissal. I further acknowledge that if I have questions or do not understand any provision of these policies, I will ask my Supervisor or Department Head for assistance.

<i>POLICY / FORM NUMBER</i>	<i>TITLE</i>	<i>Indicating receipt of policy/information, initial each line below as assigned.</i>
CD-030101.3- Search of Employee	Statement of Understanding and Acknowledgement	<u>RLJ</u>
CD-030101.4- Cell Phone Policy Acknowledgement.....		<u>RLJ</u>
CD-030600- Employee Reporting Responsibilities; Calculation of Hours.....		<u>RLJ</u>
CD-030601		<u>RLJ</u>
CD-032200- Code of Ethics		<u>RLJ</u>
CD-032201		<u>RLJ</u>
CD-033200- Unlawful Discrimination/ Sexual Harassment.....		<u>RLJ</u>
CD-033201		<u>RLJ</u>
CD-037900- Drug-Free and Alcohol-Free Workplace		<u>RLJ</u>
CD-037901		<u>RLJ</u>
CD-038300- Employee DWI Policy		<u>RLJ</u>
CD-038301		<u>RLJ</u>
CD-0444000 Information Technology Management.....		<u>RLJ</u>
CD -044001 /02/03/04/05/06		<u>RLJ</u>
CD-070300- Response to Person Hanging		<u>RLJ</u>
CD-070301		<u>RLJ</u>
CD-071901.B Management of Hostage Situations		<u>RLJ</u>

Employee Signature: Ronald J. Lash Date: 4/14/10

Training Coordinator: A. Luis Zabel Date: 14 APR 2010
Jev01APR2010

NEW MEXICO
CORRECTIONS DEPARTMENT
Policy Acknowledgement

I, Rubel Leiva, ACKNOWLEDGE THAT I HAVE RECEIVED
(PRINT NAME)
COPIES OF THE POLICIES LISTED BELOW AND THAT IT IS MY RESPONSIBILITY TO READ
AND COMPLY WITH THESE POLICIES AND RECOGNIZE THAT VIOLATIONS OF THESE
POLICIES MAY RESULT IN DISCIPLINARY ACTION. I FURTHER ACKNOWLEDGE THAT IF
I HAVE QUESTIONS, OR I DO NOT UNDERSTAND ANY PROVISIONS OF THESE POLICIES, I
WILL ASK MY SUPERVISOR FOR ASSISTANCE.

- Employee Handbook
- Conditions of Employment
- Overtime Policy
- Employee Reporting Responsibilities
- Workers' Compensation
- Code of Ethics
- Drug Free and Alcohol Free Workplace
- Grievance Procedure
- Dress Code Policy
- Leave Request and Approval Policy
- Family and Medical Leave of Absence
- Unlawful Discrimination/Sexual Harassment Policy
- Information Technology Management Policy

Rubel Leiva
Employee Signature

11/24/09
Date

Capt Sam
Personnel Officer/Supervisor Signature

11/24/09
Date

NEW MEXICO
CORRECTIONS DEPARTMENT
Policy/Procedure Acknowledgement

(CD-032200-01, *Code of Ethics*)

I, Russell Leyden, acknowledge that I have received a copy of policy (CD-032200) and Procedure (CD-032201) and I further acknowledge that it is my responsibility to become familiar with this policy/procedure and recognize that violations may result in disciplinary action. If I have questions or if I do not understand any provision of this policy/procedure, I will ask my supervisor.

Code of Ethics

Russell Leyden
Employee's Signature

5/22/09
Date

Zentzler/Hoy
Witness's Signature

5/22/09
Date

Original = Employee File
Copy = Employee

STATE OF NEW MEXICO

CORRECTIONS

BILL RICHARDSON, GOVERNOR
JOE WILLIAMS, SECRETARY OF CORRECTIONS
GEORGE TAPIA, WARDEN

PENITENTIARY OF NEW MEXICO
POST OFFICE BOX 1059
SANTA FE, NM 87504-1059
PHONE: (505) 827-8201

ACKNOWLEDGEMENT FORM

I, Ronald Latora, ACKNOWLEDGE THAT I RECEIVED COPIES OF THE
(PRINT NAME)
POLICIES AND PROCEDURES LISTED BELOW AND THAT IT IS MY RESPONSIBILITY TO
READ AND COMPLY WITH THESE POLICIES AND RECOGNIZE THAT VIOLATION OF
THESE POLICIES MAY RESULT IN DISCIPLINARY ACTION.

I FURTHER ACKNOWLEDGE THAT IF I HAVE QUESTIONS OR IF I DO NOT
UNDERSTAND ANY PROVISION OF THESE POLICIES I WILL ASK MY SUPERVISOR OR
DEPARTMENT HEAD FOR ASSISTANCE.

<u>RL</u>	CODE OF ETHICS	CD-032200 CD-032201
<u>RL</u>	UNLAWFUL DISCRIMINATION/SEXUAL HARASSMENT	CD-033200 CD-033201
<u>RL</u>	RESPONSE TO A HANGING PERSON	CD-070300 CD-070301
<u>RL</u>	EMPLOYEE REPORTING, RESPONSIBILITIES & CALCULATION OF HOURS WORKED	CD-030600 CD-030601
<u>RL</u>	DRUG FREE & ALCOHOL FREE WORKPLACE	CD-037900 CD-037901
<u>RL</u>	SICK LEAVE REQUEST	08-30-05
<u>RL</u>	EMPLOYEE DWI POLICY	CD-038300
<u>RL</u>	MANAGEMENT OF HOSTAGE SITUATIONS	CD-071901.B
EMPLOYEE SIGNATURE <i>Ronald Latora</i>	DATE <i>5/16/09</i>	
FACILITY TRAINER <i>Adrian Vil</i>	DATE <i>6 May 09</i>	

CONFIDENTIAL

Form CD-131601.3

**NEW MEXICO
CORRECTIONS DEPARTMENT
Law Enforcement K-9 Statement of Understanding**

In an effort to prevent accidental injuries to security and support staff, the following direction and safety rules are issued as advisement of appropriate behavior and actions when in the vicinity of law enforcement canines. All staff that come in contact with canines, or respond to incidents involving canines; are hereby directed to follow the safety rules listed below. If any questions or concerns arise regarding canines, please contact the respective STIU Coordinator or Canine Officer.

1. Teasing, agitating, or roughhousing with a police canine or in the presence of a police canine is strictly prohibited unless performed as part of a training exercise.
2. Handlers shall not permit the socialization of their assigned canine under any circumstances unless it is part of their training course.
3. Handlers shall not permit anyone to pet or hug their canine. Should a citizen or staff member express a desire to do so, he/she shall be informed that police canines are serious working dogs that they may be dangerous if improperly approached.
4. Handlers shall make every effort to ensure the safety of staff, however, staff shall always give several feet of space to canine and handler, never approach without gaining acknowledgement from the handler of your presence, especially from behind. Staff should never try to walk or run past a canine and handler in hallways, corridors, or through doorways without first asking the handler if it is safe.

I acknowledge that I have received a copy of the above canine direction and safety rules. I further acknowledge that I understand the direction and safety rules.

Printed Name: Dubel, Leisha

Signature: Dubel, Leisha

Date: 5/16/09

CONFIDENTIAL

CORRECTIONS DEPARTMENT

NEW EMPLOYEE ORIENTATION CHECKLIST

PERSONNEL

- Mission Statement
- Employee Handbook Statement
- Personal Data Form
- Biographic Information Form
- I-9 - *Block Sgn ok*
- Conditions of Employment
- Conditions of Employment #2
- FLSA Coverage Form
- Code of Ethics Acknowledgement Form
- DWI Policy Acknowledgement Form
- Applicant Information Sheet
- Drug/Alcohol Form
- Drug Acknowledgement Form
- Sexual Harassment Acknowledgement Form
- Policy Acknowledgement Form
- ID Badge Authorization
- Investigation Authorization
- Search Procedure
- Internet Acknowledgement Forms (2)
- Smoking Acknowledgement Form
- Dept Property Acknowledgement Form
- Bargaining Unit Eligible Form
- Statement of Understanding (Promotion)
- Cell Phone Acknowledgement Form

PAYROLL/BENEFITS

- Payment Disposition Form
- Direct Deposit Authorization Form
- W-4
- FICA Statement
- PERA Application
- PERA Survivor Form
- PERA Refund Form
- Group Enrollment Form
- Waiver Form
- Beneficiary Form
- C.O. Life Insurance Card
- New Hire Orientation Acknowledgement Form

Incomplete DK

NEW MEXICO
CORRECTIONS DEPARTMENT
Uniform Equipment Receipt

I Leyba, Rubel
(Print Name)

received have been issued the following equipment.

Initials:

1. <u>B</u>	Spike II body armor	serial #: <u>11040376</u>
2. <u>D</u>	Canister of Phase Four OC Aerosol Spray w/holster	serial #: <u>CNM 00186</u>
3. <u>B</u>	Smith & Wesson Handcuffs w/case	serial #: <u>347415</u>
4. <u>A</u>	Utility belt	
5. <u>B</u>	Stream light w/holder (flashlight)	

I understand that the equipment listed above is part of my issued uniform and I am required to wear this equipment while I am on duty. I also understand that I am responsible for the care and maintenance of this equipment and that any loss, misuse, alteration or abuse of this equipment may result in disciplinary action and/or a requirement that I reimburse the Department the replacement cost of the equipment in accordance with Policy (CD-020400) **Employee Accountability for Department Property**. I understand that failure to reimburse the Department may result in disciplinary action.

I further understand that I am required to return the equipment prior to or on my last day of employment with the Department. In the event that I transfer positions within the Department and am no longer required to wear any part of this equipment as a part of my uniform I understand that I am required to return it upon assuming my new position. If I fail to return the equipment I shall be required to reimburse the Department the replacement cost and failure to reimburse may result in disciplinary action. I also understand that if I fail or refuse to return the equipment and do not reimburse the Department in accordance with Policy (CD-020400) **Employee Accountability for Department Property**, the Department may take legal action against me to recover the cost.

Officer's Signature: Rubel Leyba Date: 6-16-08

Issuing Staff Member: _____ / _____ Date: _____
(Print) (Sign)

Xc: File

CORRECTIONS DEPARTMENT

NEW EMPLOYEE ORIENTATION CHECKLIST

PERSONNEL

CD Organization Chart
 Mission Statement
 Employee Handbook Statement
 Employee Handbook
 Personal Data Form
 Biographic Information Form
 I-9
 Conditions of Employment
 Conditions of Employment #2
 EDA Policy (CD-032100)
 Employee Calendar
 FLSA Coverage Form
 Overtime Comp Policy (CD-035100)
 Meal Priv for CO Emp Policy (CD-034600)
 Employee Rep Resp Policy (CD-030600)
 Worker's Comp Policy (CD-032300)
 Grievance Procedures Policy (CD-032000)
 Code of Ethics Acknowledgement Form
 Code of Ethics Policy (CD-032200)
 Americans with Disabilities Act (CD-030800)
 Outside Employment Form
 Applicant Information Sheet
 DWI Policy Acknowledgement Form
 Employee DWI Policy (CD-038300)
 Drug/Alcohol Form

Drug Acknowledgement Form
 Drug & Alcohol Testing Policy (CD-037900)
 Grooming & Physical App Policy (CD-030400)
 Leave Request & Approval Policy (CD-032800)
 Sexual Harassment Acknowledgement Form
 Sexual Harassment is Illegal Notice
 Sexual Harassment Policy (CD-033200)
 Policy Acknowledgement Form
 ID Badge Authorization
 Investigation Authorization
 Search Procedure
 Internet Acknowledgement Forms (2)
 Executive Order 2003-030 (Gov)
 Internet Policy (CD-044000) (ITO)
 Smoking Acknowledgement Form
 Smoking Policy (CD-160400)
 Dept Property Acknowledgement Form
 Acc for Dept Property Policy (CD-020400)
 Bargaining Unit Eligible Form
 Union Contract
 Statement of Understanding (Promotion)
 Custody Promotional Policy (CD-037500)
 Employee Orientation
 Cell Phone Acknowledgement Form

I, Rubel Leyba, acknowledge that I have received the above information and that it has been discussed with me.

Signature
(01/06)

Date

4-22-08

STATE OF NEW MEXICO

Corrections Department

BILL RICHARDSON, Governor

Joe R. Williams,
Secretary of Corrections



Post Office Box 27116
Santa Fe, New Mexico 87502-0116
Phone: (505) 827-8709
Fax Number: (505) 827-8634

MISSION

As corrections professionals, we provide public safety by incarcerating criminals, supervising offenders on probation/parole and providing sound opportunities for offender rehabilitation.

VISION

The New Mexico Corrections Department is a professionally managed and fiscally responsible partner in the criminal justice system, with sufficient and appropriate prison capacity, staff and budget to provide an appropriate continuum of offender incarceration and supervision services to make New Mexico safer for its citizens by incarcerating criminals, supervising offenders on probation and parole, and providing sound opportunities for offender rehabilitations so they can lead productive lives as contributing community members.


Signature

4-22-08
Date

**CORRECTIONS DEPARTMENT
EMPLOYEE HANDBOOK
ACKNOWLEDGEMENT FORM**

I, Rubel Leyba, have received a copy of the Corrections Department Employee Handbook, dated July 1, 2006. I understand that I am responsible to become familiar with the "Handbook."

I further understand that the "Handbook" was designed to acquaint me with the Corrections Department and that it is not intended for, nor shall it be construed to be a replacement for Corrections Department Policies and Procedures, State Personnel Board Rules and Regulations, or State or Federal Laws. The "Handbook" should not be construed as creating a contract of employment with the Corrections Department and employees.

I further understand that the information in the "Handbook" may change, and that I should contact the Personnel Officer for the most current and up-to-date material.

Signed: 

Date: 4-22-08

ACKNOWLEDGEMENT OF CONDITIONS OF EMPLOYMENT

State Personnel Board Rule 1 NMAC 7.2.12 requires that all employees at the time of appointment acknowledge their understanding of the terms and conditions of their appointment. Listed below are the types of appointments that can be made for new employees into the classified service. Please place an X next to the appropriate type of appointment and have the new employee read and sign the appropriate spaces.

Employee's Name: Rubel E. Leyba Job Title: C/O I

Probationary Appointment X

I understand that I have been hired into a permanent position and that I must serve a one-year probationary period before obtaining career status. I also understand that during this one-year probationary period I can be demoted, suspended, or dismissed without notice and without right of appeal to the State Personnel Board.

Signature Rubel Leyba Date 2/22/08

Temporary Appointment

I understand that the appointment I have accepted is temporary in nature. I further understand that though the agency, whenever possible, shall give me two weeks notice prior to my release, I may be released at any time that my services are no longer required with 24 hours notice.

Signature _____ Date _____

Term Appointment

I understand that the appointment I have accepted is a term appointment funded for a specific period of time. I further understand that my appointment will be expired if the funding for the position is not continued. A term appointment may be expired with at least 14 days written notice and release due to termination of funding is not appealable to the State Personnel Board. This specific project is funded through _____

Signature _____ Date _____

Part-time Appointment

I understand that the position I have accepted is part-time and I shall receive payment and accrue leave according to the hours worked. This specific position will work _____ hours during a workweek.

Signature _____ Date _____

Emergency Appointment

I understand that I am being hired on an emergency basis. I further understand that I cannot be on this status for more than 90 days and that my appointment can be expired with 24 hours notice.

Signature _____ Date _____

Correctional Manager Appointments

I understand I am being hired into a classification that requires willingness to travel and to accept a change of geographical assignment.

Signature _____ Date _____

CONDITIONS OF EMPLOYMENT

Name (Print): Rubel E. Leyba

Classification: C/O 1

I understand that as a condition of employment I may be required to work additional hours and/or odd hours, and perform duties that are not my normal regular duties (such as prepare food), in the case of an emergency situation at the prison (e.g. lock down, etc)

Signed: Rubel Leyba

Date: 4-22-08

TO: Correctional Officer
FROM: Martha Flores, Human Resource Administrator Sr.
SUBJECT: FAIR LABOR STANDARDS ACT (FLSA) COVERAGE

The duties you perform for the Corrections Department place you in the following FLSA coverage category:

Covered by FLSA. Overtime work will be compensated in accordance with the provisions of the Fair Labor Standards Act.

Not covered by FLSA because you are:

- An executive employee (see definition)
- An agricultural employee (see definition)
- An administrative employee (see definition)
- A professional employee (see definition)

If you have any questions concerning your FLSA coverage status, please contact your personnel officer. You have the right to appeal your status in accordance with Section E of the attached policy.

NAME (print): Rubel Leyba Signed: Rubel Leyba
DATE: 21-22-08

cc: Personnel File

NEW MEXICO
CORRECTIONS DEPARTMENT
Policy/Procedure Acknowledgement

(CD-032200-01, *Code of Ethics*)

I, Rubel Leyba, acknowledge that I have received a copy of policy (CD-032200) and Procedure (CD-032201) and I further acknowledge that it is my responsibility to become familiar with this policy/procedure and recognize that violations may result in disciplinary action. If I have questions or if I do not understand any provision of this policy/procedure, I will ask my supervisor.

OK **Code of Ethics**

Rubel Leyba
Employee's Signature

4-22-08
Date

Martha Flores
Witness's Signature

4/22/08
Date

Original = Employee File
Copy = Employee

NEW MEXICO
CORRECTIONS DEPARTMENT
DWI Acknowledgment Form

I, Rubel Leyba (print name), acknowledge that I have received a copy of the DWI Policy, CD-038300.

I acknowledge that I fully understand that it is contrary to Department policy to drive while intoxicated, and that a violation of this policy will subject me to discipline up to and including dismissal. I realize that as a condition of my employment I must abide by the terms of this policy, and will notify the Corrections Department if I am charged with, arrested for, adjudicated guilty, or convicted of the criminal offense of Driving While under the Influence (DWI) within three days (not including weekends and legal holidays) of such occurrence.

Rubel Leyba
Employee's Signature

4-22-08
Date

Martha Flores
Witness Signature

4/22/08
Date

xc: Employee file

Drug and Alcohol Abuse Acknowledgment Form

I, Rubel Leyba (print name), acknowledge that I have received a copy of the Drug-Free and Alcohol-Free Workplace Policy CD-037900 and State Personnel Office General Memorandum 107.

I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on the premises of the Corrections Department and violation of this policy can subject me to discipline up to and including dismissal. I realize that, as a condition of employment, I must abide by the terms of this policy and will notify the Corrections Department of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction. I further realize that federal law mandates that the Corrections Department communicate this conviction to the federal agency.

I further acknowledge that the position I am presently occupying, Corrections Officer is () is not () considered safety sensitive as defined by State Personnel Board Rules.

I understand that the Corrections Department intends to have a drug-free and alcohol-free workplace and wants to provide assistance to any employee who has a problem.

Rubel Leyba
Employee's Signature

4-22-08
Date

Martha Flores
Witness's Signature

4/22/08
Date

STATE OF NEW MEXICO
Corrections Department

BILL RICHARDSON, Governor

Joe R. Williams,
Secretary of Corrections



Post Office Box 27116
Santa Fe, New Mexico 87502-0116
Phone: (505) 827-8709
Fax Number: (505) 827-8220

DRUG-FREE WORKPLACE ACKNOWLEDGEMENT

I, Rubel Leyba, an employee of PNM
(Print Name) (Institution Name)

hereby certify that I have received a copy of the State of New Mexico's policy regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of controlled substance is prohibited on the premises of the state agency for which I work and violation of this policy can subject me to discipline up to and including dismissal. I realize that as a condition of employment of such federal grant or contract, I must abide by the terms of this policy and will notify the employer of any criminal drug conviction for a violation occurring in the workplace no later than five (5) day after such conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency.

Rubel Leyba
Signature

4-22-08
Date

NEW MEXICO
CORRECTIONS DEPARTMENT
Policy Acknowledgement

(CD-033200-01, *Unlawful Discrimination/Sexual Harassment*)

I, Rubel Leyba, acknowledge that I have received a copy of policy (CD-033200) and Procedure (CD-033201) and I further acknowledge that it is my responsibility to become familiar with this policy/procedure and recognize that violations may result in disciplinary action. If I have questions or if I do not understand any provision of this policy/procedure, I will ask my supervisor or the Office of Equal Opportunity (OEO) for assistance.

Rubel Leyba
Employee's Signature

4/22/08
Date

cc: employee's personnel file

NEW MEXICO
CORRECTIONS DEPARTMENT
New Employee Orientation Checklist

PERSONNEL	PAYROLL / BENEFITS
CD Organizational Chart	Payment Disposition Form
Mission Statement	Direct Deposit
Employee Calendar	W-4
Personal Data Form	Tax Authorization
Biographic Information Form	Social Security Notice (SSA-1945)
I-9	FICA Statement
EDA Form and Policy & Statement (CD-032100)	PERA/ERA Application, Refund Form, Survivor Form
Employee Handbook & Acknowledgement Form	PERA/ERA Handbook
Condition of Employment (2)	PERA Coverage Statement
Overtime Compensation Policy (CD-035100)	Enrollment/Change Form
FLSA Coverage	Benefits Waiver Form
Employee Reporting Responsibilities Policy (CD-030600)	Beneficiary Form
Worker's Comp Policy (CD-032300)	Insurance Contribution Schedules
Worker's Comp Statement	Employee Benefits Summary
Code of Ethics Policy (CD-032200)	BENEFIT PLAN HANDBOOK
Drug & Alcohol Free Workplace (CD-037900)	Premium Only Plan (POP)
Employee Grievance Procedure Policy (CD-032000)	Blue Cross/Blue Shield
Grooming and Physical Appearance Policy (CD-030400)	Presbyterian
Leave Request and Approval Policy (CD-032800)	Cigna
Leave Report Form	Express Scripts/Prescriptions
Unlawful Discrimination/Sexual Harassment (CD-033200)	Delta Dental
Sexual Harassment is Illegal Notice	Vision Service Plan
Information Technology Mgt. Policy (CD-044000)	Life Insurance/Prudential
Policy Acknowledgement Form (CD-030101.1)	Supplemental Life Insurance
Executive Order 2003-030 (ITO)	Disability Plan/Short & Long Term
Accountability for Dept. Property Policy (CD-020400)	Employee Assistance Program
Meal Privileges for CD Employees Policy (CD-034600)	ASI Flex Plan
Smoking Policy (CD-160400)	Legal Plan/Senior Advocate
Bargaining Unit Eligibility Form	UNUM Long Term Care Insurance
Union Contract	ASI Flex Enrollment & Claim Forms
Search Procedures	Long Term Care Enrollment Form
Investigation Authorization	Supplemental Whole Life (Enrollment Form)
Outside Employment	New Hire Orientation Acknowledgement
ID Badge Authorization	RMD's Privacy Policies & Procedures (HIPAA)
American with Disabilities Act Policy (CD-030800)	Notice of Privacy Practices (HIPAA)
Employee DWI Policy (CD-038300)	Notice of Continuation Coverage Rights
Employee Orientation/Cell Phones(CD-030101.4)	Nationwide Deferred Compensation
	Education Plan of New Mexico
	U.S. Savings Bonds
CENTRAL OFFICE / ASD	
ID Badge Policy (CD-031500)	Corrections Employees Credit Union
	Prudential Coverage Booklet
	Co Life Insurance Card

I, Rubel Leyba, acknowledge that I have received the above information and that it has been discussed with me.

Rubel Leyba
Signature

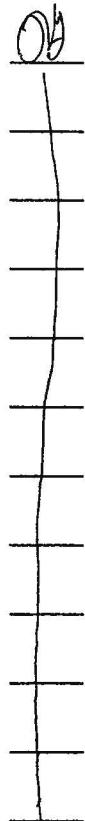
4-22-08

Date

**NEW MEXICO
CORRECTIONS DEPARTMENT**
Policy Acknowledgement

I, Rubel Leyba **ACKNOWLEDGE THAT I HAVE RECEIVED**
(PRINT NAME)

COPIES OF THE POLICIES LISTED BELOW AND THAT IT IS MY RESPONSIBILITY TO READ AND COMPLY WITH THESE POLICIES AND RECOGNIZE THAT VIOLATIONS OF THESE POLICIES MAY RESULT IN DISCIPLINARY ACTION. I FURTHER ACKNOWLEDGE THAT IF I HAVE ANY QUESTIONS OR IF I DO NOT UNDERSTAND ANY PROVISIONS OF THESE POLICIES, I WILL ASK MY SUPERVISOR FOR ASSISTANCE.



- Employee Handbook
- Conditions of Employment
- Conditions of Employment #2
- Overtime Policy
- Employee Reporting Responsibilities
- Workers' Compensation
- Code of Ethics
- Drug Free and Alcohol Free Workplace
- Grievance Procedures
- Dress Code Policy

- Leave Request and Approval
- Unlawful Discrimination/Sexual Harassment Policy

Rubel Leyba
Employee's Signature

04-22-08
Date

Martha Flores
Personnel Officer's Signature/Supervisor's
Signature

4/22/08
Date

STATE OF NEW MEXICO
Corrections Department

BILL RICHARDSON, Governor

Joe R. Williams,
Secretary of Corrections

Post Office Box 27116
Santa Fe, New Mexico 87502-0116
Phone: (505) 827-8709
Fax Number: (505) 827-8220

INVESTIGATION AUTHORIZATION

To Whom It May Concern:

Having become employed with the Corrections Department, it is my understanding that a comprehensive investigation of my background will be conducted in connection with my employment.

I, Rubel E. Leyba, do hereby give the officials of the Corrections Department

the authority to conduct such an investigation and do hereby authorize the release of any and all information requested by this organization pertaining to my work history, medical history, financial obligations and status, character, honesty, and other general qualifications or fitness.

Rubel Leyba
Applicant's Signature

04-22-08
Date

Martha Flora
Witness

4/22/08
Date

STATE OF NEW MEXICO

Corrections Department

BILL RICHARDSON, Governor

Joe R. Williams,
Secretary of Corrections

Post Office Box 27116
Santa Fe, New Mexico 87502-0116
Phone: (505) 827-8709
Fax Number: (505) 827-8220

SEARCH PROCEDURES

STATEMENT OF UNDERSTANDING

It is a violation of State law for any person to introduce into the institution any article of contraband including deadly or explosive materials, currency, weapons, ammunition, intoxicants or controlled substances. All vehicles and/or persons passing Traffic Control are subject to search in accordance with State Statutes. All employees entering this facility will be required to pass through a metal detector. All packages and items carried into the institution are subject to search by institution employees and/or State or County law enforcement officials.

Where there exists a reasonable suspicion that a particular employee is attempting to introduce contraband into the institution, the Chief Executive Officer or designee on duty at the facility may order at any time that the employee be subjected to a more thorough search. An employee may be requested to remove his/her clothing to submit to a strip search where the Chief Executive Officer or designee determines that there is probably cause to believe that the particular employee possesses contraband. In such an instance the search may be conducted only by an employee of the institution of the same sex as the employee, in the area that provides the employee the greatest possible privacy.

It is requested that you print or type and sign your name below, attesting that you have read and understand all of the above.

I HAVE READ, OR HAVE READ TO ME, AND UNDERSTAND ALL OF THE ABOVE:

Signature: Rubel Leyba

Print Name: Rubel Leyba

Date: 4-22-08

State of New Mexico

EXECUTIVE BRANCH INFORMATION TECHNOLOGY RESOURCES POLICY: INTERNET, INTRANET, EMAIL, AND DIGITAL NETWORK USAGE

Acknowledgement Form

I have read the Executive Order, Executive Branch Information Technology Resources Policy regarding Internet, Intranet, E-mail, and Digital Network Usage. I fully understand the terms of this policy and agree to abide by them. I realize that the Corrections Department security software may record for management use the Internet address of any site that I visit and keep a record of any network activity in which I transmit or receive any kind of file. I know that any violation of this policy could lead to dismissal or criminal prosecution.

I understand the Corrections Department electronic mail system is the Corrections Department and State property and intended to be used primarily for business purposes. I understand that excessive use of the E-mail system for the conduct of personal business is strictly prohibited. I acknowledge that any message I send or receive may be recorded and stored in an archive file for management use.

I understand the Corrections Department reserves the right to access, review, and disclose information obtained through the E-mail system at any time, with or without advance notice to me and with or without my consent. I know that any violation of this policy could lead to dismissal or criminal prosecution.

I confirm that I have read this employee acknowledgement and have had an opportunity ask questions about it. I also agree to abide by the terms of the Information Technology Resource Policy in this regard, a copy of which has been provided to me.

Rubel Leyba

Printed Name

Acknowledgment

Rubel Leyba

Signature

4-22-08

Date

Please return completed form to your Supervisor

RETURN ORIGINAL COPY TO HR

cc: Personnel File

NEW MEXICO
CORRECTIONS DEPARTMENT
POLICY ACKNOWLEDGEMENT

I Rubel Leyba (Print Name) ACKNOWLEDGE THAT I HAVE RECEIVED COPIES OF THIS POLICY LISTED BELOW ALONG WITH ANY ATTACHMENTS AND THAT IT IS MY RESPONSIBILITY TO READ AND COMPLY WITH THIS POLICY AND RECOGNIZE THAT VIOLATIONS OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION. I FURTHER ACKNOWLEDGE THAT IF I HAVE QUESTIONS OR IF I DO NOT UNDERSTAND ANY PROVISION OF THIS POLICY, I WILL ASK MY SUPERVISOR FOR ASSISTANCE.

 Information Technology Management

Rubel Leyba
EMPLOYEE'S SIGNATURE 4-22-08 DATE

Martha Flores
PERSONNEL OFFICER'S/SUPERVISOR'S SIGNATURE 4/22/08 DATE

**CORRECTIONS DEPARTMENT POLICY
ACKNOWLEDGEMENT FORM**

I, Rubel Leyba acknowledge that I have received a copy of
(Print Name)

CD policy 160400, Smoking Policy and that it is my responsibility to read and comply with this policy and recognize that violations of this policy may result in disciplinary action. I further acknowledge that if I have any questions or if I do not understand any provisions of this policy, I will ask my supervisor for assistance.

Rubel Leyba
Employee's Signature

4-22-08
Date

Please return form to Personnel

NEW MEXICO
CORRECTIONS DEPARTMENT
Policy Acknowledgement

(CD-020400-01, Employee Accountability for Department Property)

I, Rubel Leyba, acknowledge that I have received a copy of policy (CD-020400) and Procedure (CD-020401) and I further acknowledge that it is my responsibility to become familiar with this policy/procedure and recognize that violations may result in disciplinary action. If I have questions or if I do not understand any provision of this policy/procedure, I will ask my supervisor.

Rubel Leyba
Employee's Signature

21-22-08
Date

cc: employee's personnel file

STATE OF NEW MEXICO CORRECTIONS DEPARTMENT

(505) 827-8600
(505) 827-8220 - Fax

BILL RICHARDSON,
Governor

Joe R. Williams,
Secretary of Corrections



Post Office Box 27116
Santa Fe, New Mexico 87502-
0116
Phone: (505) 827-8709
Fax Number: (505) 827-8220

OFFICE MEMORANDUM

TO: Correctional Officer Cadet

FROM: Human Resources

RE: **AFSCME FAIR SHARE**

The provisions set forth in the Agreement between the State of New Mexico and the American Federation of State, County and Municipal Employee (AFSCME) New Mexico Council 18 state that bargaining unit eligible employees who have completed their probationary period (one year from hire date) and who are not dues paying members of the Union shall, as a condition of continued employment, pay to the Union each pay period a "fair share" payment in an amount certified by the union.

Effective 4-19-08 you accepted the position of Correctional Officer with the New Mexico Corrections Department.

This position IS covered by the bargaining unit. Therefore, you will be required to pay "fair share" fees as mandated by the Labor Management Agreement. (Employee is required to pay "fair share" fees upon completion of probationary period.)

This position IS NOT covered by the bargaining unit for the following reason:
(Employee is not required to pay "fair share" fees.)

- Confidential
- Supervisory
- Management

PRINT NAME: Rubel Leyba

SIGN: Rubel Leyba DATE: 4-22-08

xc: Payroll
File

J:/Personnel/Personnel Forms/Fair Share Memo

POB 27116, Santa Fe, NM 87502-0116

STATEMENT OF UNDERSTANDING

Name (Print): Rubel Leyba

Hire Date: 4-19-08

Classification: Correctional Officer Cadet

I understand that in accordance with Corrections Department Policy CD-037500, Custody Promotional Process, I will NOT be eligible for promotion within the Corrections Department outside of the custody series for one year from the date of hire due to the substantial training investment incurred by the Corrections Department.

Signed: Rubel Leyba

Date: 4-22-08

NEW MEXICO
CORRECTIONS DEPARTMENT
Cell Phone Policy Acknowledgement

I, Rubel Leyba,
(PRINT NAME), ACKNOWLEDGE THAT I HAVE RECEIVED
NOTIFICATION IN REGARDS TO NO CELL PHONES, INCLUDING THE BLACKBERRY, BEING
PERMITTED INTO AN INSTITUTION AND THAT IT IS MY RESPONSIBILITY TO COMPLY WITH
THIS DIRECTIVE AND RECOGNIZE THAT VIOLATIONS OF THIS DIRECTIVE MAY RESULT IN
DISCIPLINARY ACTION. I FURTHER ACKNOWLEDGE THAT IF I HAVE QUESTIONS, OR IF I
DO NOT UNDERSTAND ANY PROVISIONS OF THIS DIRECTIVE, I WILL ASK MY SUPERVISOR
FOR ASSISTANCE.

Rubel Leyba
Employee Signature

4-22-08
Date

Martha Flores
Personnel Officer/Supervisor Signature

4/24/08
Date